0 -	02313	1.	FOR STATE REGISTRAR			MENT OF F	E OF MARYLAND LEALTH AND MENTAL HYO LICATE OF DEATH	REG. NO			7 3
	e e e		CEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH		YEAR	2 P.M.
	nay be page 3 rr deoth	-			alvin A		erger, Sr.	March 28	-		M
	4 mc or, p	3. SE		4 RACE	+-	S. DATE (gust°9, 1911	6. AGE (IN YEARS LAST BIRT	MONTH	DER I YEAR	HOURS MIN.
18	Doge Drs Ct		RIHPLACE (STATE OR FOREIGN		F WHAT COUNTRY		3080 9, 1914	9 BALTIMORE CITY O	YRS TO COLLECT OF I	DEATH	
*	Geoth P	C	Maryland	U	S.A.	WIDOW		Frede	rick Cou	nty,	MD.
01	s offer of the led will	10 C	Trederick	(IF NOT IN S	F HOSPITAL, NURS SUCH FACILITY, GIVE STREE Masser RO	T ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O Truck Dri	WORKING LIFE IN	JOHNSTRY	rtation
AND 212	filled in nauld be	130	Maryland	ME OR OTHER INSTITUTION OUNTY Prederick	13c. CITY OR TO	WN	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 10005 Masse	er Rd.,	21701	Compan
MARYL	impletely and 2 s	I's F	ATHER'S NAME FIRST William Ho	ward Ang	leberger		15. MOTHER'S MAIDEN NA Annie	WE		Cramp	oton
BALTIMORE, MARYLAND 21201	Pages	160.	VAS DECEASED EVER IN U.S. 1965, NOOR UNKNOWN) (IF YES	None	233-03-5		17. INFORMANT rs. Geraldin	e Morgan,	1677 Cha	ely F	21788
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	equires that the declinitions signed by the attention of Then please remove to burial, cremation, or remojury, or other traumatic even	NO	Conditions, if any, whice gave rise to immediate cause ial, stating the underlying cause las	h (b) e e DUE TO,	OR AS A CONSEO	CO JENNESE	pul Monar p D C VD NOT RELATED TO THE TERM		dition given i	N PART 1(o	
IL RECOI	he law re an. has been r permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CON	IDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WE IN CERTIFYING	RE FINDING CAUSES	GS USED OF DEATH?
OF VITA	SICIAN- TI ng physici certificate rrial-transit ental Hygi frem 18 sh		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EXAM	OF DEATH HOUR	OF INJURY A.M. MONTH I P.M.	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2)	
IVISION	OING PHYS or offenthis construction of the state of the bur offenthis of the bur offenthis of the bur marked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT MONE	E OF INJURY STREET, FACTORY, OFFICE	, FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	/N C	OUNTY	STATE
	TTENDIN spital or STOR: Alfar use of of Healt		22a.l certify that (1) (this I saw the deceased alive abave, (1) (we) (did) (d	e an	9	84,0	nd that in (my) (aur) apınıan	death accurred on the de	ate and haur one		hat (I) (we) lost auses stated
	At OR A AL DIRECT AL DIRECT DIRECT DEPT.		22b. SIGNATURE	1/12		l	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F IAN []	3-2	J-86
	TO HOSPITAL (retained by the TO FUNERAL Is should be detorment the State Important: if		22d. PHYSICIAN'S NAME (1	CKER	5			mont	nd		
		230.	BURIAL, CREMATION, REMO SPECIFY) Burial				emetery or crematory aven Memorial	Cardens, F.	redenial	NTY TOWN	STATE
	BP DHMH - 16 50M 1/76 (VR A 15 (4))	24 F	UNERAL DIRECTOR Smith, Keeney 106 East Chur				25o. DA1	E REC D. BY REGISTRAR			

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(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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į	1.0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO	0.			
		CEASED NAME	FIRST	٨	AIDDLE	L	AST			AY YEAR	26 HOUR	-
	TITPE	SYL	VIA	ELL	ZABETH	BA	CKSTROM	March 26.	1986		10:30	Q
	3. SE>	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN	
	Fe	emale		White			ember 30,1896	89	YRS			
1		RTHPLACE (STATE OR I	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIEI	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH		Ī
0		Wisconsin		U.S.	Α.	WIDOWE		Frederick	Count	V	٨	۸۱
1		TY OR TOWN OF DEA	ТН		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPATI			F BUSINESS O	R
1		rederick		Freder	ick Memor	ial H	ospital	Teacher	F WORKING [IFE	Sch	001	
10		AL RESIDENCE (IF NURS	136 COUR	VTY	13c. CITY OR TOWN	V	13d INSIDE CITY LIMITS?	13e STREET ADDRESS				Ī
1		aryland	Fred	erick	Frederi	ck	YES X NO	608 Schle	y Ave,	21701		
1		THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	WE		LAS	ī	
/	(Charles	Д	. Ва	ackstrom		Christine	Ε.		indman		
		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUR		17 INFORMANT	Freder	čk, Mo	21701		
		No	1. 160 01	2	392-20-0	866	Vernon A. Ba	ckstrom, 60	8 Schl	ey Ave	,	
		18 CAUSE OF DEAT	H Enter or	ly one couse per						APPROXI BETWEEN	MATE INTERVAL	н
		PARTI. DEATH W		TE CAUSE (o)	RESPI	RAT	ory ARRES'			MIN	SIN	
		lice life in		DUE TO, OF	AS A CONSEQUE	NCE OF				10	DAGE	
	100	Conditions, if any,		(b)	INTRA	CER	EBRAL F	femorr ha	66	10	בידוע	HOUSE
ı		couse to stating	g the	DUE TO, OF	R AS A CONSEQUE	NCE OF						
ñ				((c)								_
	z	PART 2 OTHER SIGN	VIFICANT (CONDITIONS <u>CC</u>	INTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110)	
-	ATIC	190. DATE OF OPERA	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h JE YES	WERE FINDIN	JGS LISED	_
1	CERTIFICATION							YES TI NOW		ING CAUSES		
3	CERI	210. ACCIDENT WAS UNE	ERLYING [216. TIME O			21c HOW INJURY OCCURR					-
1		OR CONTRIBUTING		1111	M. MONTH DA	Y YEAR						
	MEDICAL	21d. INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION					-
4	W	WHILE NOT WH	RK	(AT HOME, STR	EET, FACTORY OFFICE FA	RM, ETC)	STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (1)		tol) ottended the	deceased from	3	3 16 19 86		-6	9.86	that (1) (we) lo	25
		saw the decease	d live on	1 view the body	2 19 19	, on	d that in (my) (aur) apinion o	death occurred on the do	te and hour	and from the	couses stated	ı
		226. SIGNATURE	<-/	2.0	0.		DEGREE	/		22c DATE	SIGNED	_
		1	24	0000	kei	W		MEDICAL STAF	IAN [13-	26-86	2
1		22d. PHYSICIAN'S NA	AME (TYPE C	- /)		1445	22e ADDRESS		US ST			Ī
1		DAME	-2 1	-, 'Ko'	ESSURIL	win.	S. Church & I	Franklin St	s. Mid	dletow	n, MD	

DHMH - 16 60M 7/84 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL 23b. DATE Burial

236 NAME OF CEMETERY OR CREMATORY 2 April 86 Forest Home Cemetery

Rhinelander

Wisconsin

24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Skiles Funeral Home, Emmitsburg, MD 21727

-017348	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6	8 4 7 6
: 61c	I. DECEASED NAME FIRST	MARTIN	BARRICK	20 DATE OF DEATH MONTH	25/86 M
age 4 mo	male.	4 RACE white	S. DATE OF BIRTH MONTH DAY YEAR O 3 / 0 7 / 1	6 AGE (IN YEARS LAST BIRTHDAY) 75 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS
oth. P	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) M D	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED X	FREDERICK	OF DEATH MD
o the o	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	
24 hours	FREDERICK USUAL RESIDENCE (# NURSING HOME OF 136 STATE MD FRE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	'N 134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE	
npletely ond 2 si	14 FATHER'S NAME FIRST	MIDDLE LAST AVTD BARRICE	15 MOTHER'S MAIDEN NA	1 200 South Mar ME ALTCE	HOKE
n and cor	160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU		ADDRESS Church	Rd., Keymar,
physicia on popers emoval	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), an			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
that the death cer by the attending case remove carbo al, cremation, or re rather traumatic r	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEOU	ve mysendis	Infrati	
n signed Then ple	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 1 to
he low r	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
CCIAN TI g physica ertificate and-tronsin antol Hygi	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH D	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART : ORPART 2)

MEDI 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (I) (this haspital) attended the deceased from that (I) (we) last saw the deceased alive ar (aur) apinian death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not view the body after death

DEGREE

22e ADDRESS 375

ATTENDING

MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL BURIAL

226 SIGNATURE

23c NAME OF CEMETERY OR CREMATORY 3/28/86 Glade Cemetery

Walkersville Frederick MD

22c DATE SIGNED

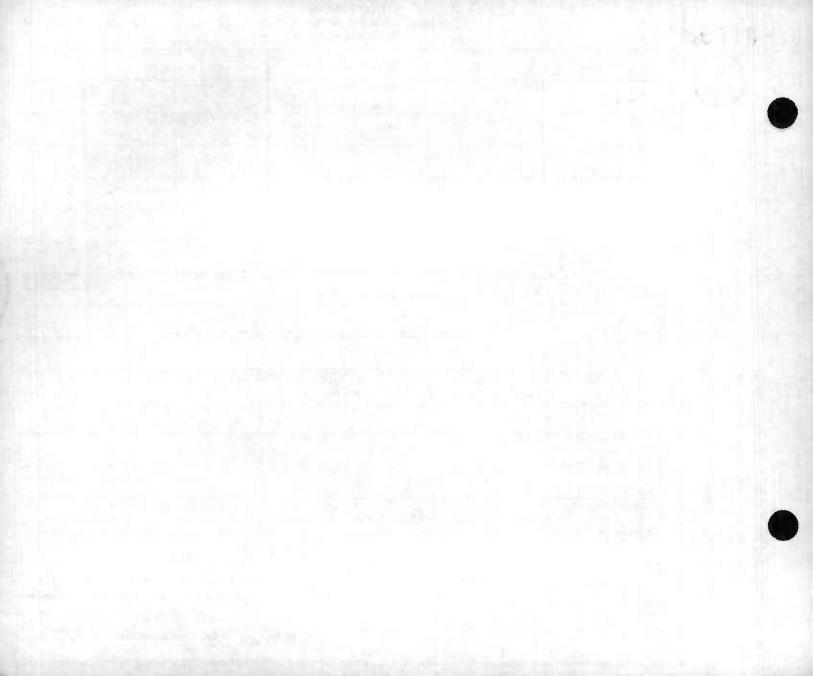
24 FUNERAL DIRECTOR G. Douglas Stauffer 1621 Opossumtown Pike, Frederick, MD

236 DATE

STAFF

DHMH - 16 60M 7/84 (VRA 15, 4)

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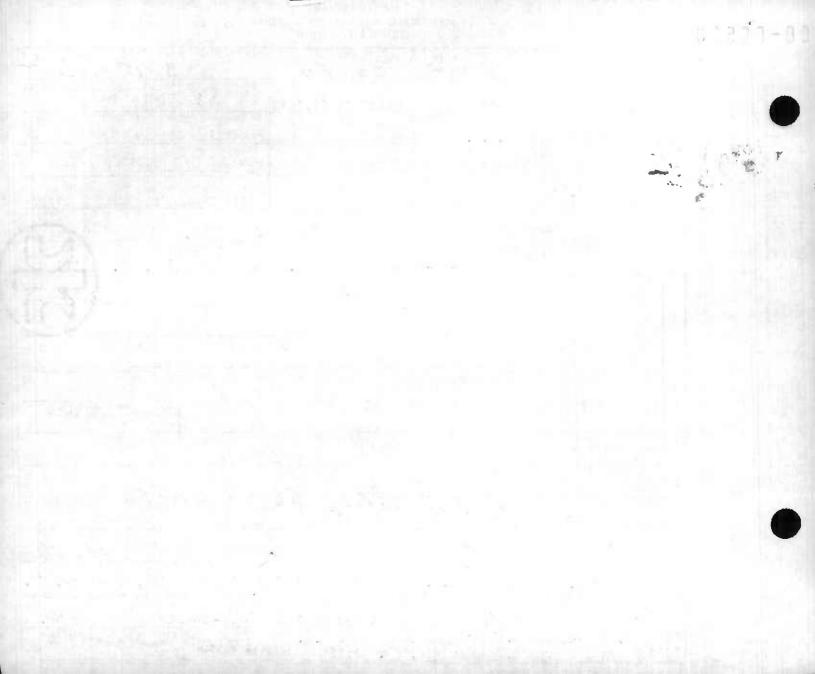
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

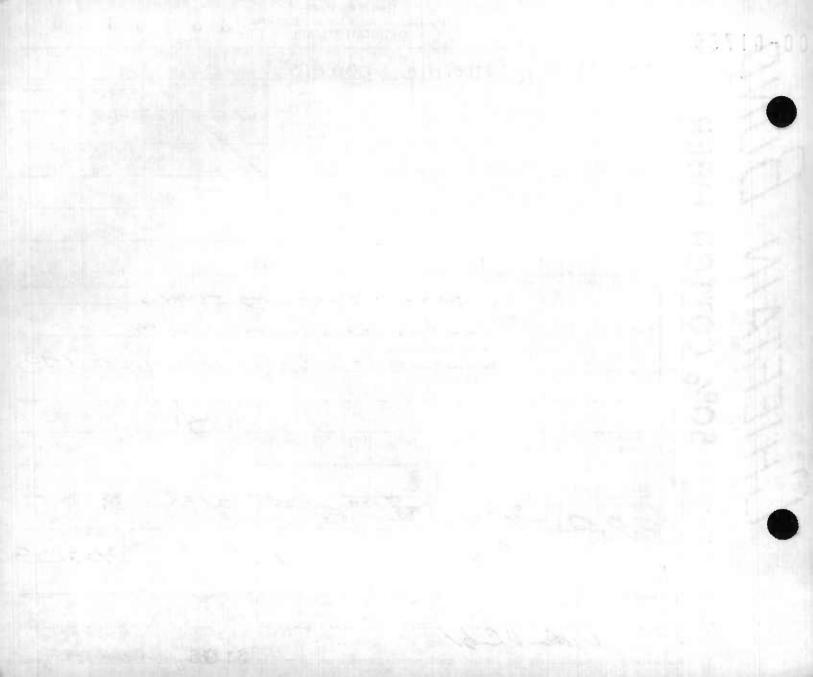
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00-0	1273	1-	FOR STATE REGISTRAR			DEPA		EALTH AND MENTA		S O REG. NO	0 8	-, / 3
	, h		CEASED NAME	FIRST	,	AIDDLE		AST	2a D/			AR 2b. HOUR
pe ,	poge 3	,	OK T KINTI	Harry		W.	BELL	ISON		March 20		8:30 A _m
E	er b	3_SE	(4.1	RACE		S. DATE C		6 AG	E (IN YEARS LAST BIRTH		YEAR IF UNDER 24 HRS
g e g	rs of	1	Male		Whit	te	Nov	. 23, 1899		86	YRS	
P. P.	1 2 P B B		RTHPLACE (STATE OR I	FOREIGN 7b.	CITIZEN OF	WHAT COUNTI	RY? 8 MARRIE	D NEVER MARRIE	9 BAI		COUNTY OF DEA	
eo tr		1	Maryland		US		WIDOWE	DI DIVORCE			ick County	
ter o	23 7/1	10 CI	TY OR TOWN OF DEA	ATH III		HOSPITAL, NUR		OR OTHER INSTITUTIO		ISUAL OCCUPATION OF WORK FOR MOST OF	WORKING LIFET INDILL	ND OF BUSINESS OR
10 s of	5 107	1	Frederick		Frede	erick M	emorial	Hospital		Manager	Foo	d store
ND 212	11 75	136.5	RESIDENCE (# NURS	ING HOME OR OTH		130. CITY OR TO	OWN	13d. INSIDE CITY LIM	ITS? I3e ST	REET ADDRESS /	ZIP CODE St.	4771
MARYLAND ed within 24	10 1/01		THER'S NAME	MID		LAST		15 MOTHER'S MAIDE			1.1	
MAR Da		/	William	MID	A.	Bellis	on	Amy		B. MIDDLE	Hyat	LAST
m 5	2000		VAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SI	ECURITY NO.	17 INFORMANT	77.47	ADDRES	SS	
BALTIMOR	100		No No	(IF YES GIVE W	AR OR DATES	212-03	-0553	Pearl M.	Belli	son,	Item 1	3
ALT ofe b	185		18 CAUSE OF DEAT PART I. DEATH W	H (Enter only o	one couse per	line for 101, 161.	and icil	1	11	12-1	BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
ST., E	4 Be 19		PART I, DEATH W	AS CAUSED B			10 -9/	stre 6	ferm	1 Jane	ne	
	100				DUE TO, O	R AS A COMSE	OUENCE OF	to Her	_ /	1-		
decath o	figor from		Conditions, if any,		(b)	alver	vseler	ile Her	ne h	son		
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DS, 20	signed hen ple to burio ijury, ar	Z	PART 2 OTHER SIGN	NIFICANT COM	NDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE	E TERMINAL D	SISEASE OR COND	ITION GIVEN IN PA	R1 lia
DIVISION OF VITAL RECORDS, 20 DIVISION OF VITAL RECORDS, 20 ING PHYSICIAN: The law requires to retending physician.	permit I	CERTIFICATION	1% DATE OF OPERA	HON	III. CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORMED	20s	AUTOPSVII	20L IF YES, WERE F IN CERTIFYING CA YES [7]	
/ITA	Hygie 18 sho	CERT	21st. ACCEPTED WAS UND		216 TIME O		Acres de la companya del companya de la companya del companya de la companya de l	21s. HOW INJURY O	CCURRED IL	1000	total .	- Sand
OF VII			OR CONTRIBUTING [] (HOUR A	M. MONTH	DAY YEAR	1990 / 110				
SION OF VII PHYSICIAN: ending physi	burial-t Mental	MEDICAL	ZIŁ INJURY OCCUR		21e. PLACE	OF INJURY		THE LOCATION	14112	EITYOTTO	n (our	ry thats
VISI G PI	the sthe	¥	AT WORLD NOT WE		ENT HOME, STE	BET, FACTORY, CIPP	CE, FARM, ETC.)	Steel .		Ellis Car Flow		alan.
00	Aft se ost mar		27s I certify that (1)		attacked the	descayed fro	m	11 - 19-	8/ 10	3-	no 10 8	that (1) (ww) fast
TTEN	for u	n?	sow theistecease above/13/wests	and the same of the	in the books	ofter doub	86 0	nd that is (my) our i or	pinen death o	occurred on the da	te and hour and tro	in the course studed
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S T	lREC hed hept. hem		77h SIGNAPURE	111	1 1	1		CONTRACTOR OF THE PARTY OF THE			100000	
At OR ATTEN	At DIREC detoched to ore Dept.		77h SIGNAPURE	The	11	11	_	ATTEND PHYSIC	ING K DIRE	CTOR PHYSICI		3/21/86
SPITAL OR	UNERAL DIRECT be detached the State Dept.		22d PHYSICIAN'S NA			1	_	22e ADDRESS	IAN X DIRE	CTOR PHYSICI	AND :	3/21/86
HOSPITAL OR	O FUNERAL DIRECTORING be detached to the State Dept.		22d PHYSICIAN'S NA	AME (TYPE OR PR		M.D.	_	22e ADDRESS	IAN X DIRE	CTOR PHYSICI		3/21/86
TO HOSPITAL OF	TO FUNERAL DIREC should be detached with the State Dept. IMPORTANT: If Hem	23a E	Ronald	E. Mi			3¢ NAME OF C	22e ADDRESS	11 Dr.	CTOR PHYSICI	AND :	3/21/86
TO HOSPITAL ON retained by the It	TO FUNERAL DIRECTOR Should be detached with the State Dept. APPORTANT: If hem		22d PHYSICIAN (A) Ronald	E. Mi	ller,	2		220 ADDRESS 4 Culwe EMETERY OF CREMAT	11 Dr.	Mt. Ai: LOCATION CITY OF TOWN Mt. Airy.	AND :	3/21/86 1771 Md. STATE

* 36:5 CBET , 35 MONTE Car Doug Elling Control of the first otale body in the land leading to be substituted in the substitute of grift. to Home backyre. Test of Charge To Sevil per few per few per file The A Gulmold Mr., . . . Mry, 14. 21/11 service e chiler, m.n. in flowers, the same arms arms in the same of the same -limit. olomorto, 175., Istanbue, with a charge consummed the





0-00958	1-	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 C	8 4 8 1
		CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	(TYPE	EDITH	ALVERDA	CALLARY	MARCH 12,19.	86 6:10 PM
Po de la porte del	3. SE:		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ecto rrs of	1	Pemale	White	Sept. 23, 1905	80 _{YRS.}	
Pour Pour	76. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OFDEATH
Con the contract of the contra		Maryland	USA	WIDOWED DIVORCED	Frederick Co	
the the the	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	17b. KIND OF BUSINESS OR INDUSTRY
> = 0	F	rederick	Frederick Men	morial Hospital	Housewife	Homemaker
filled in b	130	STATE 13b COL	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13t. CITY OR TOW	'N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
÷ > -			derick Brunswi		407 Brunswic	k St. / 21716
d 2 seeb	14. FA	ATHER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
B g g / 870	_	Charles	? Custe		Ray	Barnard
1 18 81		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	the state of the s		Brunswick St.
1		No.	220-80-	3538 J. Russell	M6Murry - Brun	
1 11		18 CAUSE OF DEATH (Enter	anly ane cause per line farial, (b), an	MONIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
£ 0:91			ATE CAUSE (a)	11.015 121		2 WKS
igned by to please o burial, or lory, or oth	z	underlying cause last. PART 2 OTHER SIGNIFICANT	(c)T CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER/	minal disease or condition giv	/EN IN PART 1(a
No. been to permit to perm	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTII	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
Physics of the second s	12.7	? TO ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	DEATH HOUR A.M. MONTH D.		RRED (ENTER NATURE OF INJURY IN ITEM IB I	PART 1 OR PART 2)
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P	21e PLACE OF INJURY	21f. LOCATION		
The state of the s	×	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	FARM ETC) STREET	CITY OR TOWN	COUNTY STATE
TOR. AH TOR. AH THEORY THEORY		22a. I certify that (1) (this has	spital) attended the deceased fram	and that (n (my) (aur) apinian	death accurred an the date and have	19 06 , tha (1) (we) last
AL OR A the hosp to DREC etoched the Dept		22b. SIGNATURE	Allyain	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/13/86
HOSPIT BY STUNES		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT) MILMER	22e ADDRESS	uswick, Mo.	21716
5 5 5 5 5 3	23a.	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BP		Burial	3/15/86 S	t. Marks Cemetery	Petersville	. Fred. Md.
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAR 256 REGIST	TRAR'S SIGNATURE
(VRA 15, 4)	J	ohn T. Willia	ms Funeral Home	Brunswick, Md	4 0 1222 X 15 15 .	1 3

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STATE OF MARYLAND

23c NAME OF CEMETERY OR CREMATORY

LInden Hills Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

Rickette Funeral Home Myersville, MD 21773

3-29-86

236. DATE

23a. BURIAL, CREMATION, REMOVAL

(SPECIFY)

Burral

Frederick Frederick Maryland

CILY OR IQWA

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

INDUSTRY

Farm

Gaver

COUNTY

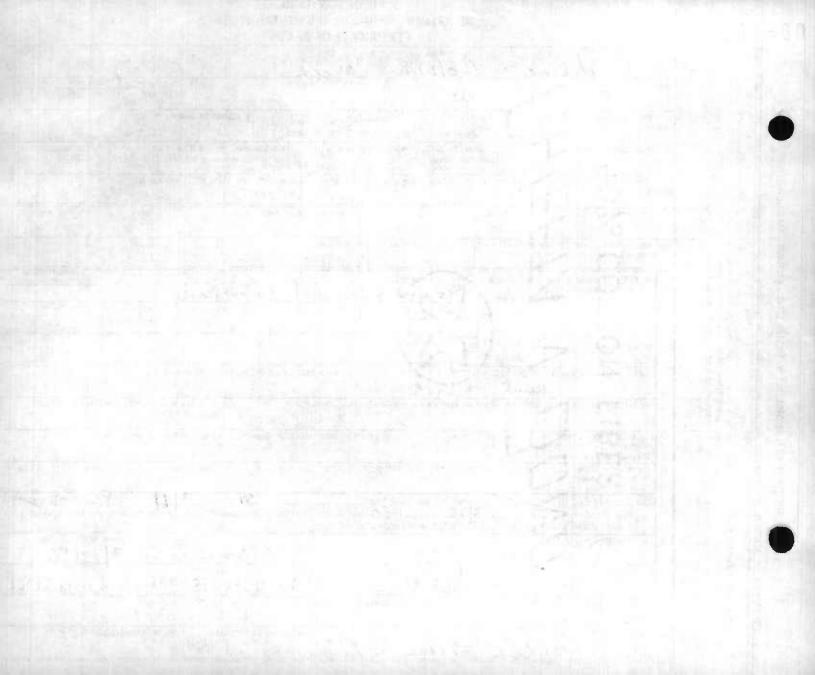
22c. DATE SIGNED

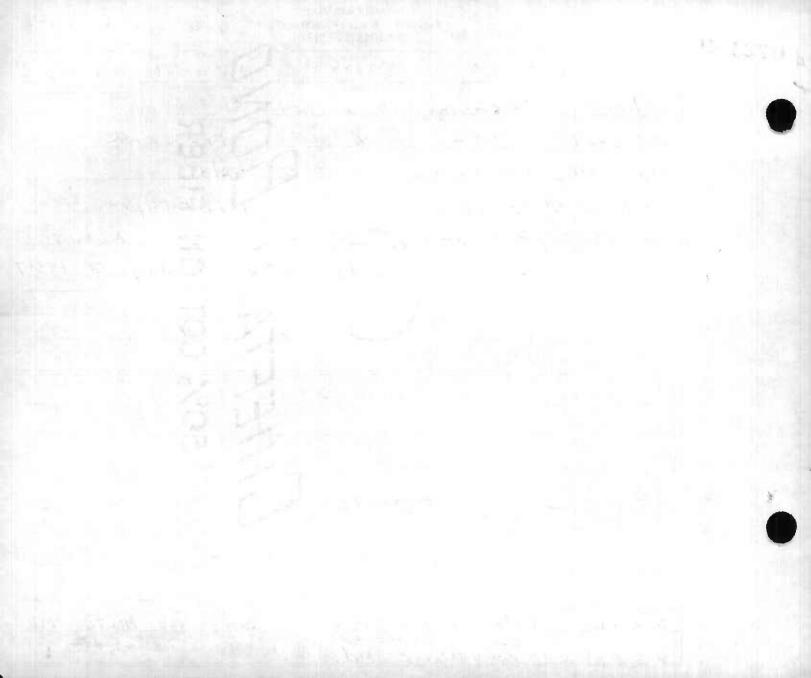
4			FOR STATE			DEPAR	STA MENT OF		ARYLAN		IYGIE	£ 6		0	8	4 8	3	5
0	69031		REGISTRAR				EXAMIN				F DEA	TH	REG.	NO.				
	Mansel		CEASED NAME OR PRINTS	NE FIRST	HOWARD	MIDOLE	ROBER		20/e	LE		OF DEATH	KNOWN ESTI- MATED		3		AR 21	HOUR
	PAY, PLEA DIRECTO DUIR FILE ON STREET	M A	ALE	4 RACE WHITE	12 1	AY 18 YEAR	6 AGE (IN YE LAST BIRTHD	ARS IF UN AY) MONTH		IF UNDER	24 HRS.	2c. DATE PRONOUN DEAD	NCED	MOP) j	AY Y		d. HOUR
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00-004180	DEPARTMENT OF HEALTH AND MENTAL HYGIENE O O O O O O O O
for, page 3 Stote Dept.	1. DECEASED-NAME (Type or print) (Velma Goldia Goldia Corum) 20. DATE OF DEATH Month Doy Year 3 10 86 11:45
direc the	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lest birthday) 6. AGE (In years lest birthd
offer death.	7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. COUNTY OF DEATH
0 -0/- 1	11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if retired.) Frederick Frederick Memorial Hospital 12a. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) INDUSTRY lothing mfg.
= = = = = = = = = = = = = = = = = = =	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 12b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 12b. Woodstoro 14 North 2nd St./21798
secuted within completely for Pages, I and him 72 hours	Charles Dixon Lillie Smith
, BALTIMORE of the be executed to be executed in papers. Pagevent, within	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or doles of service) No none 215-14-1114 Franklin H. Corun Frederick, MD
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
N STREETH CETTIFFE COLOR	DUE TO, OR AS A CONSEQUENCE OF
w. PRESTON STREET, at the reath certifical y the arredite physical please remove corbon removal, and in any e	rise to immediate cause (a), stating the underlying cause last.
301 l	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ECORI w req been t perm cremo	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18)
The tophysicion of tronsi burrol,	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notity medical examiner) P.M. 19
YSICIAN: The rending physical contificate the burial-to prior to burial-to buri	While Nat work of House of Hou
2 0 11 10	220. I certify that (I) (this hospital) attended the deceosed from
e hospine ECTOR: Amentot	22b. SIGNATURE DEGREE ATTENDING MED. STAFF 22c. DATE SIGNED 3 13 86
HOSPITAL OR roined by the FUNERAL DIRE rould be detect Health and A	22d. PHYSICIAN NAME (Type) Philip Shaping on D 22e. ADDRESS 814 Toll House Aul, Fred 107d 2120
TO HOSPITAL retained by TO FUNERAL shauld be of Health	23a. BURIAL, CREMATION, BENOVAL (Specify) 3/13/86
DHMH - 16 3/72 25M (VR A15 (4))	24. FUNERAL DIRECTOR JONE 250. REGISTRARS, SIGNATURO 250. REGISTRARS, SIGNATURO 250. DATMAR 1 7 1986

STATE OF MARYLAND



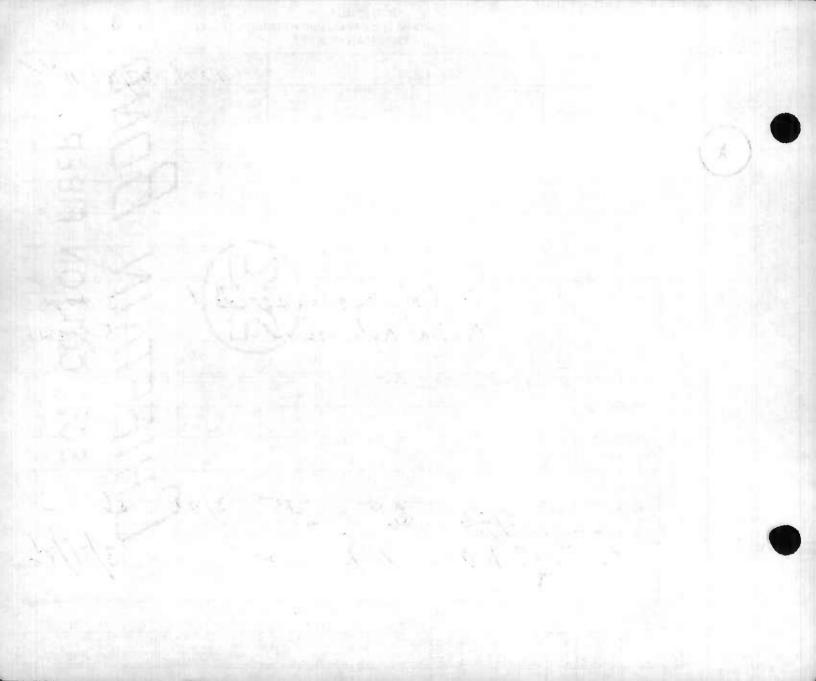


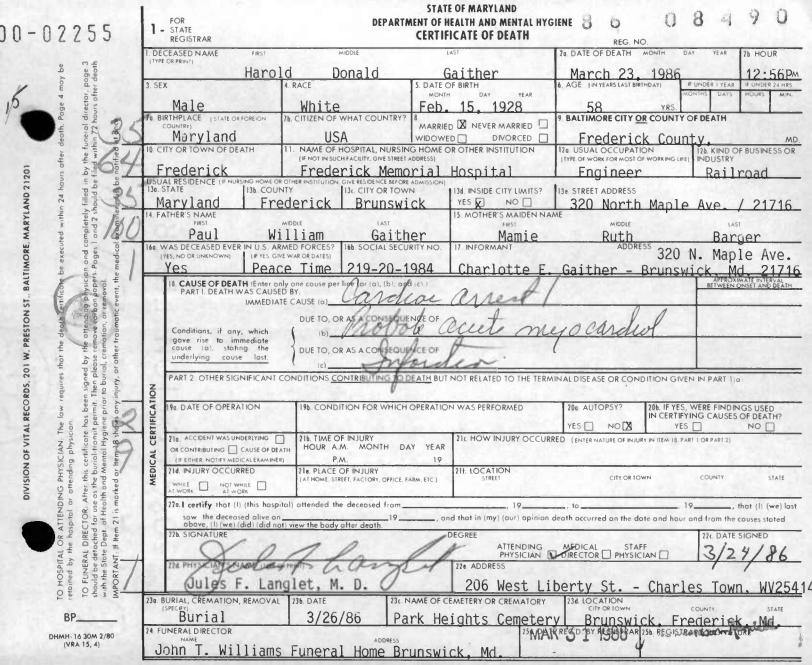
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3 4		REG)STRAR	CERTIFICATE OF DEATH REG. NO.									
Y		CEASED NAME FIRS		MIDDLE		AST		20 DATE OF DEATH M	ONTH DAY	YEAR	26. HOUR	
1		FA	NNIE						March 271986 1100			
	3. SEX		4 RACE		5. DATE C		YEAR	6 AGE (IN YEARS LAST BIRTH	MON MON	UNDER YEAR	IF UNDER 24 HRS.	
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		RTHPLACE (STATE OR FOREIGN		76 CITIZEN OF WHAT COUNTRY? 8 MARRI			AARRIED -	9 BALTIMORE CITY OR COUNTY OF DEATH				
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10	F	REDERICK	HOME]	HOME FOR THE AGED			IIUIION	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CLOTH:			FBUSINESS OR FING	
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-1		THER'S NAME	MIDDLE	LAST			MAIDEN NA			LAST		
tion, or removed oumatic event, the medical real		AMES	ALFRED				ZA	ELLEN MYERS				
	16a V	VAS DECEASED EVER IN U.:	S. ARMED FORCES? ES. GIVE WAR OR DATES! NA	MED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT				ADDRESS Frederick, MD				
		NO	N/A	/A 220-26-0469 HOME FOR					THE AGED 115 Record St.			
		CAUSE OF DEATH (Enter only one cause per limitar (a), (b) and (d) PART I, DEATH WAS CAUSED BY:										
		IMMEDIATE CAUSE (0) Cerebal vasoular accident								30	cays,	
	П	DUE TO, OR AS A CONSEQUENCE OF + 1									. 7	
	- 0	Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF										
or to burial, cr injury, or oth		underlying cause last. (c)										
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(CERTIFICATION	19a DATE OF OPERATION	196 CON	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			RMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
1	RTIF							YES NO	YES [hamad .	NO 🗌	
18 5	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE		OF INJURY A.M. MONTH DA	YEAR	ZIC HOW IN	JURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	OR PART 2)		
1	CAL	(IF EITHER NOTIFY MEDICAL EXA	MINER)	P.M.	19							
	MEDICAL	214 INJURY OCCURRED		TREET, FACTORY, OFFICE F	ARM ETC)	211 LOCATIO	N	CITY OR TOW	7	COUNTY	STATE	
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ept, of Health		220.1 certify that (1) (this hamil) attended the decrased from Mark 1985, to 3/2/, 1986 that (1) (the) la										
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		124 SIGNATURE		1	n	DEGREE				THE DATES	IGNED /	
1		XI N	M47 X	My	11	12	TTENDING PHYSICIAN	MEDICAL STAFF	AND	13/5	1186	
1		THE PHYSICIAN'S NAME	PENNT)			22e ADDRES				1	1	
1		10 to										
	23a B	URIAL, CREMATION, REMO	VAL 23b. DATE	23c. 1	NAME OF C	EMETERY OR C	REMATORY	23d LOCATION				
	Ė	BURIAL	3/31	3/31/86 Union Cemetery					Lovettsville Loudon VA			
34				s Stauff				E REC'D. BY REGISTRAR 2				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

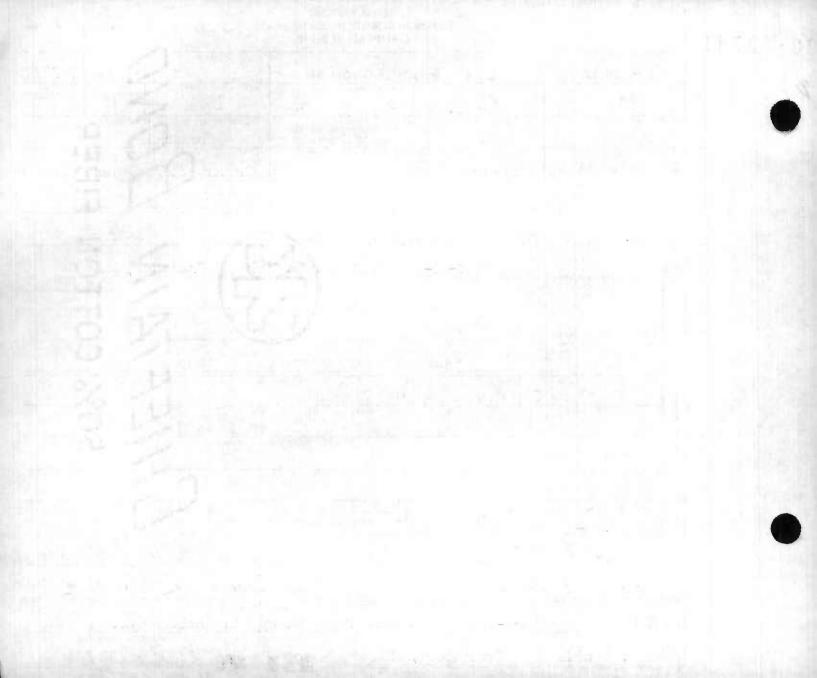




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		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CR			YORTOWN	COUNTY	MINISTATE
H - 16 60M 7/84 VRA 15, 4)	24. FL	irial UNERAL DIRECTOR NAME hn E. Bou	ılais	4-1-8 Gr	ADDR		sboro Ce		_	reensbore		



069013	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 0 REG. NO.	8 4 9 4
10	1. DECEASED NAME F	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
be eorh	Leo	Preston	Harne	March x	3 86 7:30am
od .	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDER FYEAR IF UNDER 24 HRS
Je 4	Male	White	9-11-1900	85 YRS	
Pog Pog Pog	To. BIRTHPLACE (STATE OF FORE		MARRIED D NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
orth.	Funkstown, M	D USA	WIDOWED DIVORCED		D. MD
5 93 8	10 CITY OR TOWN OF DEATH		IG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
o of the day	Freserick	Citizens Nur		Clerk	U.S.GOV T.
212	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE COUNTY 13c. CITY OR TOW	ADMISSION)		1/2301
ND 24	M.D.	Riverda			Rd Riverdale M
trelly 2 sh	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME MIDDLE	LAST
MAM by day	Alvev	Harne	Sarah	Alice	XXXXX
RE,	160 WAS DECEASED EVER IN	UN ARMED TO CES? 166. SOCIAL SECU		ADDRESS	
IMO Pog	Yes	Navy 009-84	-7752 Donald Ha	arne 5634 Glen	Hill Ct
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the description is executed within 24 hours rather day physicion. When this certificate has been signed by the state of the properties of the buriol-transit permit. Then please remained in the properties of t	Conditions, if any, will gave rise to immed cause (a), stating underlying cause I	DUE TO, OR AS A CONSEQUE the DUE TO, OR AS A CONSEQUE the DUE TO, OR AS A CONSEQUE (c) CANT CONDITIONS CONTRIBUTING TO I	ence of house of	200 AUTOPSY? 20b. IF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH GIVEN IN PART 110 YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
VITA N. Thysica cote ronsit Hygie Hygie	210. ACCIDENT WAS UNDERLY		21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	
YSICIAN YSICIAN ding ph s certifus s certifus outiol-tr Mental I	OR COLUMNIC COLUMN	OF DEATH	AY YEAR		
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TAL OR by the hor RAL DIRE detoched tate Dep tate Dep tate Dep NT: # Her	22b. SIGNATUR	E Aller Ju	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3/3/86
TO HOSPITAL retoined by to FUNERAL should be de with the Store	22d PHYSICHN'S NAME	HH/un)n	220 ADDRESS	terry are ?	helmil int
	230 BURIAL, CREMATION, REA		Wed engines callenge	tery LOCATION CITY OR TOWN	COUNTY STATE
BP	Burial	Mar.6,1986	Crownsville	Crownsvill	
DHMH - 16 50M 4/B2 (VRA 15, 4)	Thompson Fu	uneral Home Midd		MAR 6 1986	SISTRAR'S SIGNATURE

Western To describe the second of the second Thompson Surenal I was Middletown, Ma. 1822 Th DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRA	R			CERTIF	ICATE OF DEATH	REG. NO	o				
I DECEASED NA	ME FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HO	UR
(TYPE OR PRINT)	Emma	Eli	zabeth	HARRI	SON	March 31	, 198	16		5:	. A.
3 SEX		4 RACE		S. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE	RIYEAR	IF UNDE	R 24 HRS
Fer	nale	Whit	e	Sept	21, 1897	88	YRS	MONIHS	DAYS	HOURS	MIN.
70 BIRTHPLACE	(STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O					
				WIDOW	10.30	Frederi	ck Co	unt	79		ME
Freder			HOSPITAL, NURSIN CHEACILITY, GIVE STREET ENS NURSI	ADDRESS)	or other institution	126 USUAL OCCUPATION OF WORK FOR MOST OF Homemake	WORKING LI		KIND O USTRY Home	F BUSIN	ESS OR
USUAL RESIDEN 30. STATE Marylar	ce (if nursing home or 13b COUNTY)		GIVE RESIDENCE BEFORE 13(CITY OR TOW Tuscaror	'N	134. INSIDE CITY LIMITS?	13. STREET ADDRESS / Tuscarora			nd	2179	90
14 FATHER'S NA		and the			15 MOTHER'S MAIDEN NA						
Wil	lliam	WIDDLE	Chick		Rosie	WIDDIE		Po	ole	T	
I WAS DECEA		MED FORCES? E WAR OR DATES) ONE	579-44-26		William H. Ha	rrison, Tia	5 Dr.	Pe:	rry	Road	i 741,
PART I.		lly ane couse pe D BY: IE CAUSE (a) DUE TO, G	r line in this and	0-p	rolei (1.1)	1100110		4	320	KAI	DEATH
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OR COLUMN	NT WAS UNDERLYING UTING CAUSE OF DEA	P	.M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	TY IN ITEM 18	PART I OR	PART 2)		
UN EITHER 21d INJUR WHILE AT WORK	Y OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F	ARM. ETC }	21f LOCATION STREET	CITY OR TO	WN	co	UNIY		STATE
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BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTORY Should be detached with the State Dept.

MPORTANT

Dr. B. O. Thomas, Jr., M.D. 230 BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY April 2, 1986 Mt. Olivet Cemetery

220 ADDRESS

Professional Building, Frederick, Md. 21701

Frederick, Frederick, Md.

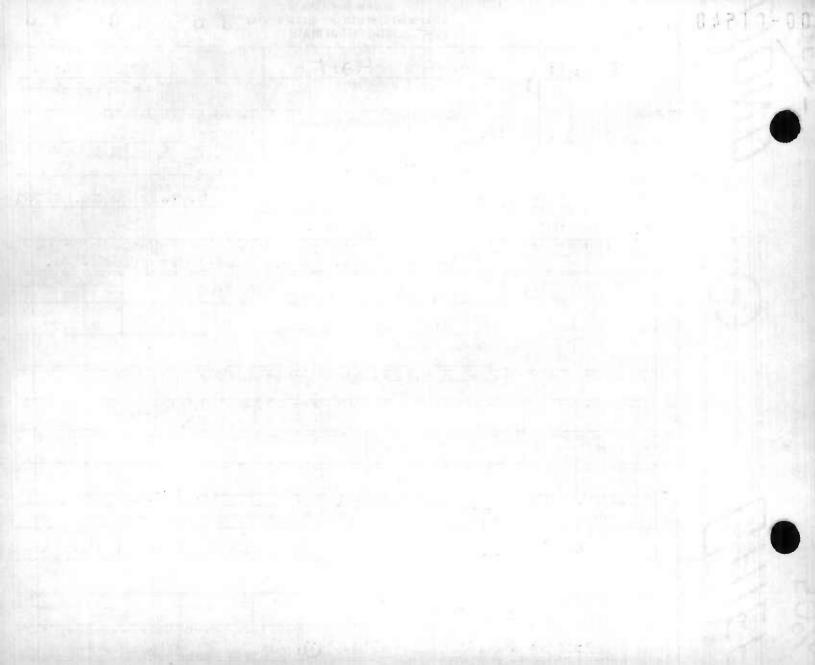
PUNERAL DIRECTOR ACTION OF THE PROPERTY OF THE 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

Townshirt of Literatures, COPES Sent Comes, Consent

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DECEASED NAME Fact Model Model Model Model Day Haw Than The The	1548	FOR STATE	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	0 8 4	9 6
3 21 86 3 2	7	REGISTRAR DECEASED NAME FIRST		LAST			2b HOUR
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Female White 11 5 09 76 Pass BRTHPIACE ISSAEL GEFORE ON PACTICUM TRY? BARTHED NEVER MARRIED PEDETHINA COUNTY OF DEATH Frederick County Washington, DC U.S. WDOWED DN ONCE Frederick County III LOUIS INTERESTITUTION Frederick County III STATE OF PASS IN PROCESS IN PROCESS IN PASS IN PARTICUM TO MESSNEEL ADDRESS / IP CODE TO JULY BESIDENCE IF MURRAN HOME OF HER PASS INTUINOR OF BEATH INTUINO		3. SEX	4, RACE		6. AGE (IN YEARS LAST BIRT		IF UNDER 24 HRS
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Frederick St. Teacher Teache	72 72	COUNTRY)		MARRIED WEVER MARRIED			MD
USUAL RESIDENCE (# PRISENCE OF CONTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13d W. Patrick St. 13d STATE 13c COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 31 W. Patrick St. 13d STATE 13d COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 31 W. Patrick St. 13d STATE 13d ST	0 3 0	10. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF		F BUSINESS OR
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The state of Death (Enter only one couse per line for (o), (b), and (c)	0 m/ A	F1RSTM		FIRST		Pear	1
IL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gover rise to immediate couse lost, storing the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110- PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTED TO THE TERMINAL DISEASE OR CONDITIO	Poges 1	[YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATEST				
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 216. NOTIFY MEDICAL EXAMINER) 217. PLACE OF INJURY (AI HOME STREET, FACTORY, OFFICE, FARM, ETC.) 218. ACCIDENT WAS UNDERLYING OR CAUSE OF INJURY OR COUNTY OF INJURY O	n pleose re buriol, cre y, or other	gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO	ENCE OF DEATH BUT NOT RELATED TO THE TERM			
OR CONTRIBUTING CAUSE OF DEATH P.M. 19 216 INJURY OCCURRED 216 INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) 217 INJURY OCCURRED 218 PLACE OF INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) 218 PLACE OF INJURY (All HOME STREET, FACTORY, OFFICE, FARM, ETC.) 219 220 I certify that (br (this hospital) ottended the degreed from the control of the deceased olive on obove, (I) (we) (idid) (idid not) view the body ofter death.	bos be	DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IN CERTIFYING CAUSES	
ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIA	The incipling or other many properties of the properties of the purior in the Dept of Heelth and Mental is them 21 is marked or them 1	OR CONTRIBUTING CAUSE OF DEAT [IF EITHER, NOTIFY MEDICAL EXAMINER] 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER] 22a.l certify that (Ity (this hospite sow the deceased alive an above, (I) (we) (did) (did not) 22b. SIGNATURE	H HOUR A.M. MONTH D. P.M. 71e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE. I	AY YEAR 19 211, LOCATION SIREET 19 . ond that in (myl (ear) opinion of DEGREE ATTENDING PHYSICIAN	CITY OR TOV	wn county 19	
22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22d. ADDRESS 22d. ADDRESS 22d. ADDRESS 23d. BURIAL, CREMATION, REMOVAL 23b. DATE SPECIFY Removal 311211186	5 6 8 M	I SPECIEV)		NAME OF CEMETERY OR CREMATORY		COUNTY	STATE
DHMH - 16 50M 4/83 24 FUNERAL DIRECTOR ADDRESS ADDRESS ADDRESS ADDRESS	7			25e DAT	E REC'D. BY REGISTRAR	256. REGISTRAR'S SIGNATI	JRE



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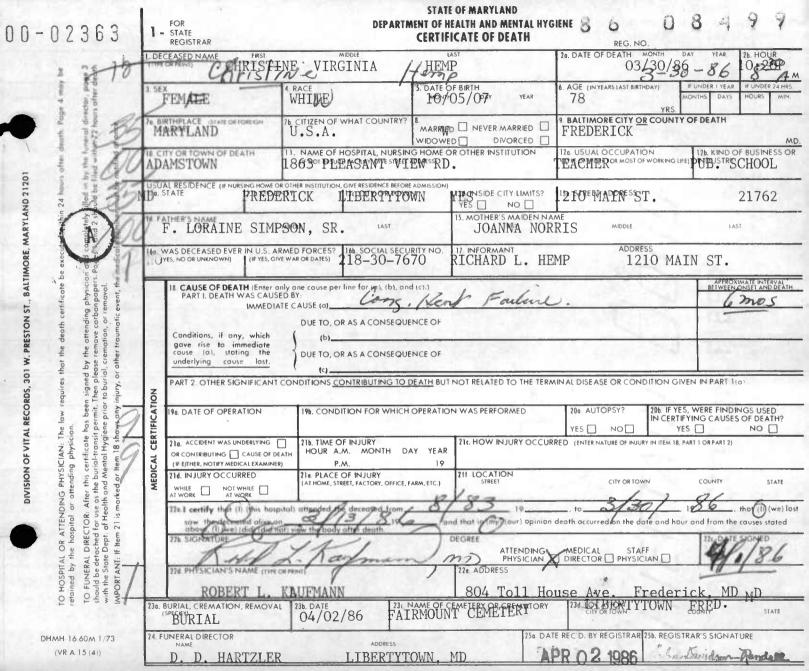
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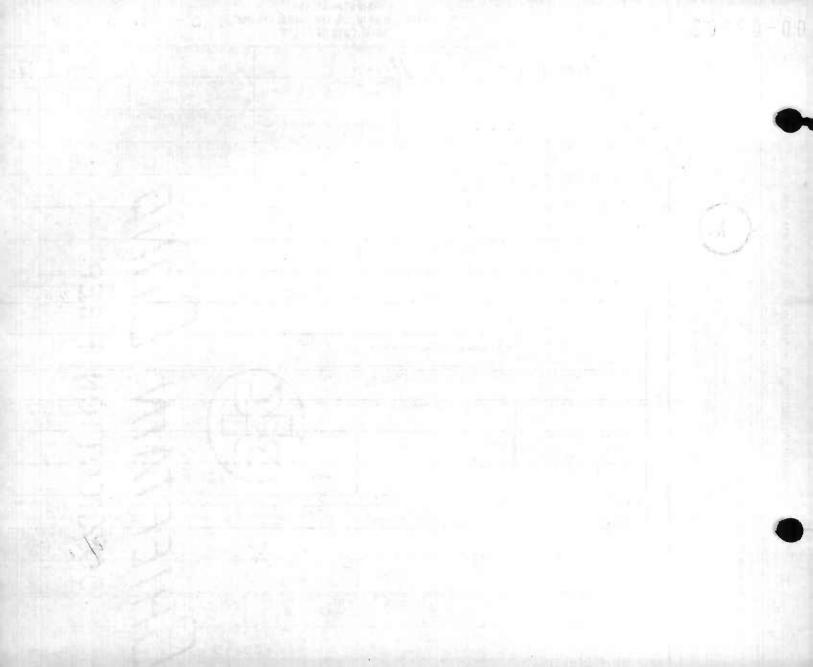
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 19. 3 (, and that in m) (our) apinian death occurred on the date and hour and fram the causes stated 22¢ DATE SIGNED FUNERAL Cold be detailed the State C PHYSICIAN 4 West Seventh St., Frederick, Md. 21701 Dr. P. Gregory Rausch 230. BURIAL, CREMATION, REMOVAL 771 DATE 23c NAME OF CEMETERY OR CREMATORY Burial 1986 Mt. Olivet Cemetery Frederick Frederick Md. Church St., Fred. Md. 21701 (VRA 15, 4)

STATE OF MARYLAND

7h HOUR

IF UNDER 1 YEAR

Hartman

3:40P

IF UNDER 24 HRS

DHMH - 16 60M 7/84

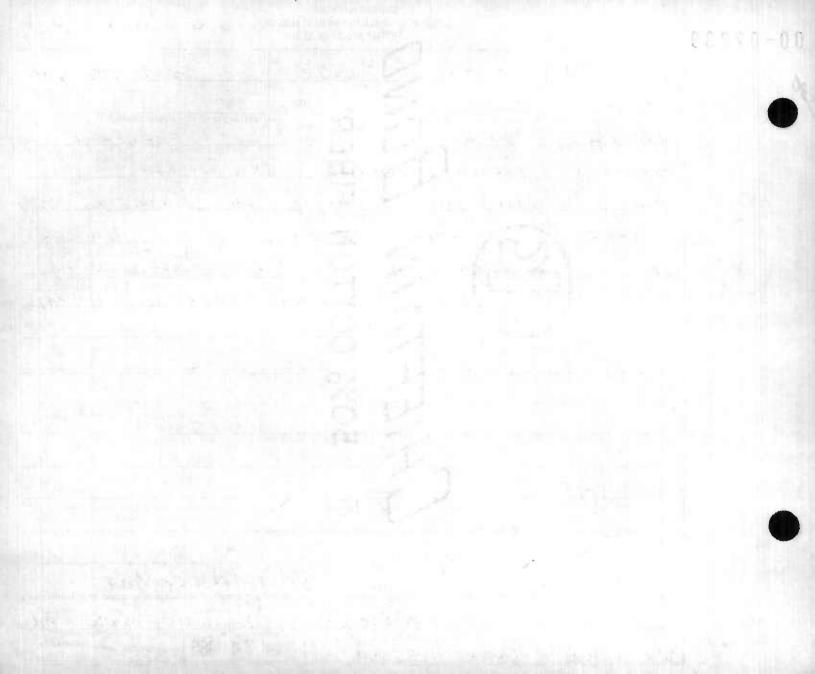
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FOR STATE REGISTRAR			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT	
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	REG. NO.					

00-02239	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE	8 6 REG. NO	0	8 5	0
oy be		CEASED NAME OR PRINT)	Hicks 1 RACE	Is, DATE OF BIRTH	0/	TE OF DEATH	MONTH DAY	1986	C:15 PM
rector. p		FEHALE	CAUCASIA	D MONTH DAY 1	906	19	YRS MONT	HS DAYS HO	UNS MIN
deoth. P	1	RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A	MARRIED DA NEVER MAR	RCED	TIMORE CITY OI	FRED.		MD.
ofter of softer of		REDERICK!	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI FREDERICK			SUAL OCCUPATION WORK FOR MOST OF	WORKING LIFE)	26. KIND OF BU NDUSTRY	SINESS OR
AND 212	USU	AL RESIDENCE (IF NURSING JOME OF	NTY ISC CITY OR TO	ORE ADMISSION) DWN 13d INSIDE CITY		REET ADDRESS /		- Rd	2089/
MARYLAND 2 ed within 24 ho ond 2 should b	14. F	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME	WIDDIE		WALK	GR
BALTIMORE,		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SE 194 WAR OR DATES	CURITY NO. 17 INFORMANT	N S. How		ARKS BU	DALE	Rd.
W. PRESTON ST., BALL not the death cert from by the ottending presents remove corbon ceremotion, or re ceremotion, or re		PART I. DEATH WAS CAUSI	DUE TO, OR AS A CONSECTION OF AS	QUENCE OF	eas) (ances		APPROXIMATE BETWEEN ONSE	INTERVAL I AND DEATH
RECORDS, 201 Italy requires the control of the please signed be permit. Then please prior to buriol.	CERTIFICATION			O DEATH BUT NOT RELATED TO	ED 20a	AUTOPSY?	20b. IF YES, WE	ERE FINDINGS G CAUSES OF I	DEATH?
DIVISION OF VITAL NG PHYSICIAN: The offending physicion of the buriol-tronsh th ond Mental Hygien orked or frem 18 show	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	HOUR A.M. MONTH P.M. 21e PLACE OF INJURY	19 211 LOCATION	YES	TER NATURE OF INJUR		OR PART 2)	0
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OR A: DIRECT Sched f Dept		abave, (In(we) (did) (did no	of view the body offer death.	DEGREE ATTE	NDING MED			22c DATE SIGN	
TO HOSPITAL retoined by the TO FUNERAL should be deter with the Store MAPORTANT: I		22d. PHYSICIAN'S NAME (TYPE	PTE, Cli	A P Jun 22e ADDRESS	804 101	Hous	SPAU	e	
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL JNERAL DIRECTOR	3/29/1986	MODOCAC /	B	LOCATION CITY OR TOWN FALLS VILL BY REGISTRAR	E M	UNIV DUTE	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)		I.C. HILTOR)	BARNESVIL	5	MAK 3	1 1986	Julian Dan	down for	dalls



injury, or other traumotic event, the

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME E OR PRINT)	OWAR.		Marvin	H	uf Fer	20. DATE OF DEATH	3 19	86	26 HOUR PM
3. SE	x Male		RACE White		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BI	MOI	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATEORE COUNTRY)			WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY			MD.
10 C	ITY OR TOWN OF DEA		. NAME OF I	H FACILITY, GIVE STREET	G HOME C	or other institution	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Clerk	ION		OF BUSINESS OR
Ma Ma	aryland	136 COUNTY Frede		GIVE RESIDENCE BEFORE 134. CITY OR TOW Brunswi	N	13d, INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 314 Pete		Rd.	/ 21716
16a \	ATHER'S NAME FIRST HARRY WAS DECEASED EVER YES NO OR UNKNOWN) NO	RUSS IN U.S. ARME I IF YES, GIVE W	ell D FORCES?	Huffe: 166 SOCIAL SECU 220-10-59	RITY NO.	15. MOTHER'S MAIDEN NA FIRST Anna 17 INFORMANT Carolyn Pot	May ADDR	Rt. 2		
	Conditions, if any, gave rise to imm couse (o), stofin underlying couse	which mediate g the	DUE TO, O	R AS A CONSEQUE	NCE OF	Henry F	MURE		-	UMATE INJERVAL ONSET AND DEATH L'EAR-S
CERTIFICATION	PART 2 OTHER SIGN	TION		ITION FOR WHICH		NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR	20€ AUTOPSY? YES □ NO【X	206 IF YES, V IN CERTIFY!! YES	VERE FINDI NG CAUSES	
MEDICAL CI	OR CONTRIBUTING CO	AUSE OF DEATH CALEXAMINER) RED ILLE (this hospital	HOUR A. P. 21e. PLACE JAT HOME, STR	M. MONTH DA M. OF INJURY REET, FACTORY, OFFICE, F	19 ARM, ETC.)	211. LOCATION STREET 3/3, 19 73 nd that in (aur) apinian DEGREE	CITY OF TO	J17, 19	COUNTY	
	22d. PHYSICIAN'S MA	J AYN	11	Accomo	en	<u>L</u>	CICK, MO		716	19/86
23a	BURIAL, CREMATION, Burial	REMOVAL	236. DATE 3/22/			EMETERY OR CREMATORY Ville Hqts. C	23d. LOCATION CITY OF TOWN Sem. Browns	ville,	Wash.	, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

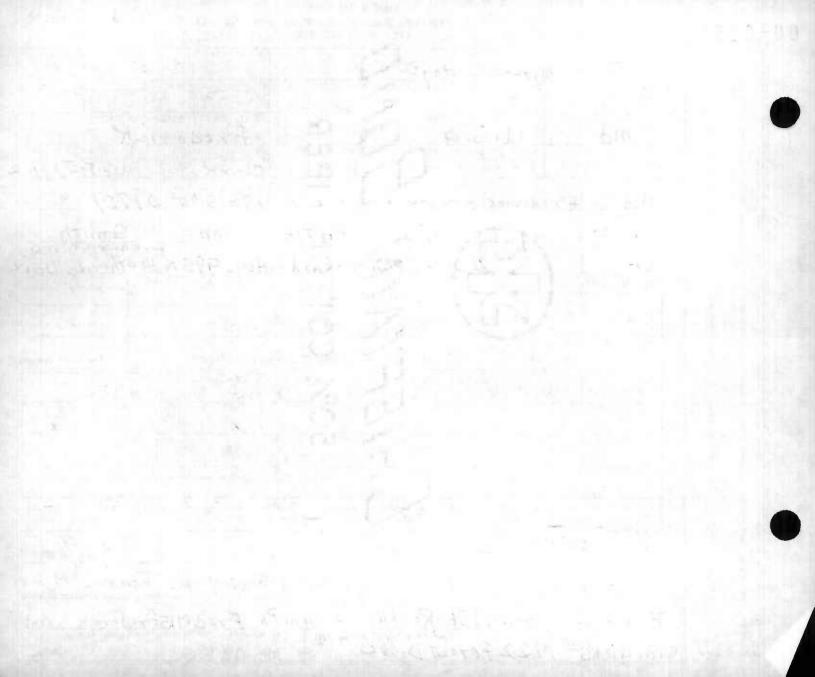
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John T. Williams Funeral Home Brunswick, Md.

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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00-02558	1:	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 CERTIFICATE OF DEATH REG. NO.	8 5 0 3
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death. Po		ETHPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED P BALTIMORE CITY OR COUNTY OF WIDOWED DIVORCED Frederic	K MD.
by the fulled with	FR	EDERICK MD	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TREDERICK MGMORIM HUSP CLERK	126. KIND OF BUSINESS OR INDUSTRY U.S. TOST Office
Med in	130 5	AL RESIDENCE (IF NURSING HOME O TATE 136 COU MA F7	ederick Frederick 138. INSIDE CITY LIMITS? 138. STREET ADDRESS / ZIP CODE	70/
	(THER'S NAME THEST LATE VAS DECEASED EVER IN U.S. AF	MIDDLE AGUSTUS HILL IS. MOTHER'S MAIDEN NAME FIRST FI	Smith
to be executed by the property of the medical		es ng or unknown) (IF YES, GI	212-24-5802 Howard E. Hoy- 995 K He	Atheridge Drive
of physon paper remayor remayor revent,			nly one cause per line far (a), (b), and (c). DBY: CARDIAC ARREST TE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
he death c be attending mation, or r froumation		Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQUENCE OF POTBUSION (SHOCK)	10 h
ed by the please re please re rivial, crem		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF C + REWAY FRILLIVE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	48hv + months
been sign mit. Then prior to bu	ATION		HEART FAILUR CORESOVALULU ACICLENT DIMENTEL M	WERE FINDINGS USED
IAN: The lo physicion. irificate hos I-transit perior of Hygiene p	CERTIFICATION	210 ACCIDENT WAS UNDERLYING	YES NO YES 1216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
HYSICIA ding p is certif burial-i Mental	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		COUNTY STATE
a See	W	WHILE NOT WHILE 220.1 certify that (1) (the bosp	ital) attended the deceased from 3120 1986 to 3128 19	9 86, that (h (milest
OR ATTEN e hospitol DIRECTOR oched for u Dept. of Hem 1 is	100		view the bady after death. DEGREF	22c DATE SIGNED
TAL by th ERAL State State		22d. PHYSICIAN'S NAME (TYPE		3/28/86
TO HOSP retained TO FUNI should be with the limPORTA	23o F	MARK A K	236 NAME OF CEMETERY OR CREMATORY 23d LOCATION	COUNTY STATE
BP DHMH - 16 60M 7/84	24 FI	BUTTAL INERAL DIRECTOR	ANNAPOLIS TO 250. DATE REC'D. BY REGISTRAR 256. REGISTRA	arssignature Md
(VRA 15, 4)	6	18. HICKS	922 torest Drive APR 04 1986	unuldson-Randelle



00-02246	Film G615 item 1 FOR 5/1/86 rja STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	8 3 0 4
	1. DECEASED NAME FIRST	MIDDLE	LAST	Zu. DATE OF DEATH	DAY YEAR 26 HOUR
noy be poge 3	Sus	san Gambrill	LANE	March 30, 198	36 11 A.M.
Ter do	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS
Mecto ge 4	Female	White	Nov. 23, 041902 YEAR	83 _{YRS}	
nerol dir	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	PRACTIMORE CITY OR COUNTY Frederick County	
s ofter d	Rederick	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION TADDRESS! Ch Street	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING LIF Homemaker	126. KIND OF BUSINESS OR INDUSTRY Home
AND 212	USUAL RESIDENCE (IF NURSING HON 130 STATE 136 C Maryland F.	NE OR OTHER INSTITUTION GIVE RESIDENCE BEFOO OUNTY rederick Freder	MICK YES A NO	13e STREET ADDRESS / ZIP CODE 114 West Churc	h Street, 21701
MARYL ed within ond 2	James He	nry Gambrill,		MIDDLE	Winebrener
BALTIMORE, one be execut ysician and coppers. Pages 1 val. 't, the medical	160 WAS DECEASED EVER IN U.S (YES NO OR UNKNOWN) (1F YE	ARMED FORCES? S. GIVE WAR OR DATES) None 166 SOCIAL SEC 217-28-5		. Radcliffe, Jr.	146 Fairview Ave., Frederic
DS, 201 W. PRESTON ST quire that the alreading E signification of the please remove corbon to buriol, cremotion, or ren ylury, or other troumotic ev	Conditions, if ony, which gave rise to immediate cause to stating the underlying cause lost	DUE TO, OR AS A CONSEQU		NINAL DISEASE OR CONDITION GIV	EN IN PART 1:0
NG PHYSICIAN: The low require ottending physician. Ifter this certificate has been sign as the buriol-transit permit. Then than dwental Hygiene prior to be not deed or fem 18 shows any injury.	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196, CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH?
OF VITA ICIAN: Ti ag physicus entificate iol-transim ntal Hygi	OR CONTRIBUTION CONTRACTOR	F DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 F	ART I OR PART 2)
IVISION JG PHYS ortendin ter this c is the bur h and Me	ORCONTRIBUTING CAUSE C	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN partal or TTOR. Al for use of Health	sow the deceased aliv	nospital) attended the discessed from 2 2 7 19		death occurred on the date and hou	19 that (I) (we) lost ond from the couses stated
by the hose by the hose by the hose better billed by the many the hose better be	22b. SIGNATURE 22d. PHYSICIAN'S NAME (3. Huge	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	3/34V
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT.	Dr. Robert	S. Hughes, M.D.	700 Montcla	ire Ave., Freder	ick, Md. 21701
BP	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OF CREMATORY ithsburg Crematory	Smithsburg, Wa	
DHMH - 16 60M 7/84 (VRA 15, 4)		and Basford Furer	al Home	EREC'D. BY REGISTRAR 25b. REGIST	

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00-00893	1-	FOR STATE REGISTRAR		DEP	ARTMENT OF	E OF MARTLAND LEALTH AND MENTAL HYO LICATE OF DEATH	GIENE 3 O	0	3 5	0 5
	I. DE		IRST	MIDDLE		TĈA			AY YEAR	2b. HOUR
ay be noge 3 death		OR RRINIT!	r Colette	Madden			March 13,	1986		10:45am
poge proge	3. SE	X	4. RACE		5. DATE 6	OF BIRTH	6. AGE (IN YEARS LAST BIRT		FUNDER 1 YEAR	IF UNDER 24 HRS
ge 4 r	F	remale	Whit	e	Nov	. 24, 1911	74	YRS.	ONTHS DAYS	HOURS MIN.
th. Pos		RTHPLACE (STATE OR FORE		F WHAT COUN	TRY? 8 MARRIE	D NEVER MARRIED X	9. BALTIMORE CITY O	_	OF DEATH	
de de de	10.6	Balto., Md.	U.S.		WIDOW	DROTHER INSTITUTION	120 USUAL OCCUPATION		Tim while o	MD.
by the filled with	En	mitsburg	Villa	St. Mic	hael, E	mmitsburg,Md.	TTYPE OF WORK FOR MOST O		INDUSTRY	of Char
ND 212 24 hour 24 hour mids be mids be	130. 5		HOME OR OTHER INSTITUTION COUNTY	13c. CITY OR Emmits	TOWN	134. INSIDE CITY LIMITS?	13. STREET ADDRESS 333 S. S.	eton A	venue	727
BALTIMORE, MARYLAND 2 Date be executed within 24 history and completely filled repers. Pages Land 2 should be red. The medical & Commercials.	14 FA	Thomas J.		LAS		15. MOTHER'S MAIDEN NA FIRST Rose M	AME	3001. N	LAS	Ţ
E. M.	16n V	VAS DECEASED EVER IN		16b SOCIAL	SECURITY NO.	17. INFORMANT	ADDRE	SS		
IMOR n ond Pages			IF YES, GIVE WAR OR DATES)		2-6771	Sr. Josephin	e-Villa St.	Michae	1, Emm	itsburg
BALT		18 CAUSE OF DEATH (I PART I. DEATH WAS	Enter only one couse p CAUSED BY: MEDIATE CAUSE (o)_	er line for (a), (b	on and to	a of the	Kelmu		BETWEEN C	MATE INTERVAL ONSET AND DEATH
DS, 201 W. PRESTON ST., quires that the doubt cents sig ed by the ottending of the picture remove continue to burnel, condition, is resistively.	NO	underlying cause	the DUE TO,	OR AS A CONS		NOT RELATED TO THE TERM	winal disease or coni	DITION GIVE	N IN PART III	0
DIVISION OF VIT AL RECORDS, NG PHYSICIAN: The low requiring of the certificate has been sign as the burial-transit permit. Then the and Mental Hygiene prior to be orked at them 18 shapes any injury orked at them 18 shapes any injury.	CERTIFICATION	190. DATE OF OPERATIO	N 19b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?
OF VITA CLAN: TI physici ph		210. ACCIDENT WAS UNDERLOOK CONTRIBUTING CAUSE	SE OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	RT 1 OR PART 2)	
VISION of PHYSK of the buring and Men ked or the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OF		211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
spiral or spiral or CTOR. A for use for use	N	220.1 certify that (the saw the deceased a obove (1) (we) (did)		the deceased for		75 , 19	death occurred on the do	3G. 1 ste and hour	and Iram the	
4OSPITAL OR , med by the had by the had be thought like for the form of the fo	Ŋ	22b. SIGNATURE	y Th	munj	Tano	DEGREE ATTENDING PHYSICIAN [MEDICAL STAP	F IAN 🗆	3/1	14/8C
TO FUNERA Should be a should be a with the Ste a wi			Mornings	tar, M.		S. Seton Ave	e. Emmitsbur	g, MD	21727	
7 6 E 4 3 8		BURIAL, CREMATION, REA				EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burial	15 Mai	rch 86	St. Jo	seph's	Emmitsbur	g, Fre	derick	, MD
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR Kites Funer	al Home, E	mmitsbů	rg, MD		TE REC'D. BY REGISTRAR		AR'S SIGNAT	

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AS	NT	n	F	HE	AI	TH	AI	un	ME	NT	A

MONTH

WIDOWEDIX

SING HOME OR OTHER INSTITUTION

LHYGIENE CERTIFICATE OF DEATH

20. DATE OF DEATH

2b. HOUR IF UNDER I YEAR

PECEASED NAME FIRST YPE OR PRINT) ARY	Key
Female	1 RACE WHITE
BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR
Maryland	USA
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS

DATE OF BIRTH MARRIED NEVER MARRIED

DIVORCED [

BALTIMORE CITY OR COUNTY OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

Frederick

Housewife

126. KIND OF BUSINESS OR INDUSTRY Home

Meridian Nursing Home Frederick 130. STATE 136 COUNTY MD Frederick

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ic

IMMEDIATE CAUSE (0)

Walkersvilles X 15 MOTHER'S MAIDEN NAME

13e.STREET ADDRESS / ZIP CODE 8779 Hickory Hill 21793

14 FATHER'S NAME TILGHMAN 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

NO

CERTIFICATION

MEDICAL

FOR

REGISTRAR

- STATE

GROSSNICKLE ALICE 166 SOCIAL SECURITY NO. HEYES, GIVE WAR OR DATEST

17 INFORMANT

CARMACK ADDRESSWalkersville, MD 215-56-3302 MARY ALICE RAMSBURG 8779 HickoryHill

Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED

AT WORK NOT WHILE

21b. TIME OF INJURY HOUR A.M. MONTH P.M 21e PLACE OF INJURY

YEAR (AT HOME STREET FACTORY, OFFICE FARM, ETC.)

211 LOCATION

COUNTY

228.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an did not view the body ofter death

DEGREE ATTENDING

and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated MEDICAL

DIRECTOR PHYSICIAN

PHYSICIAN 22e ADDRESS

230 BURIAL, CREMATION, REMOVAL

230 NAME OF CEMEJERY OF

SBURG

(SPECIFY) BURIAL

226. SIGNATURE

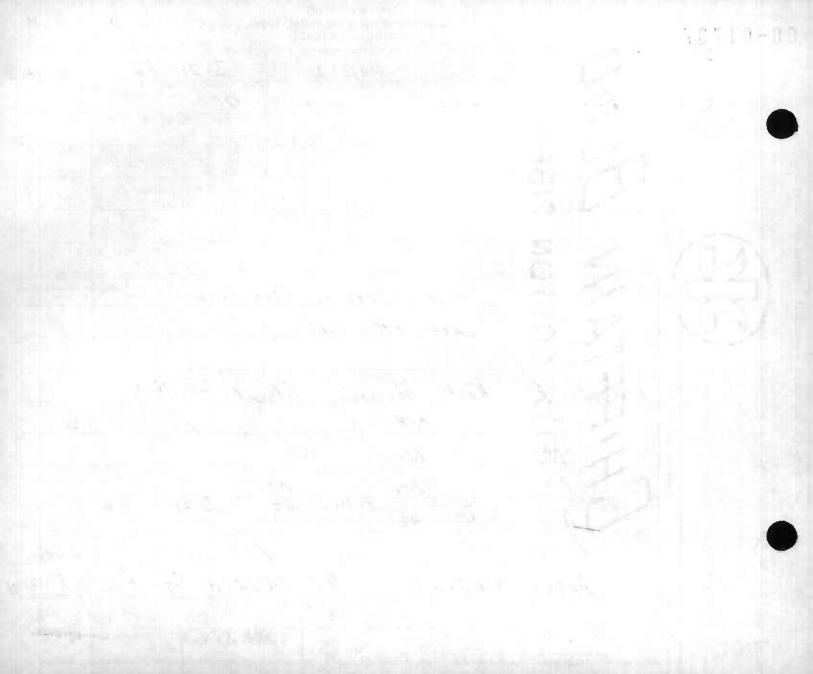
3/24/86

MT.ZION DOUGLAS STAUFFER

1621 Opossumtown Pike, Frederick, MD

DHMH - 16 60M 7/84 (VRA 15, 4)

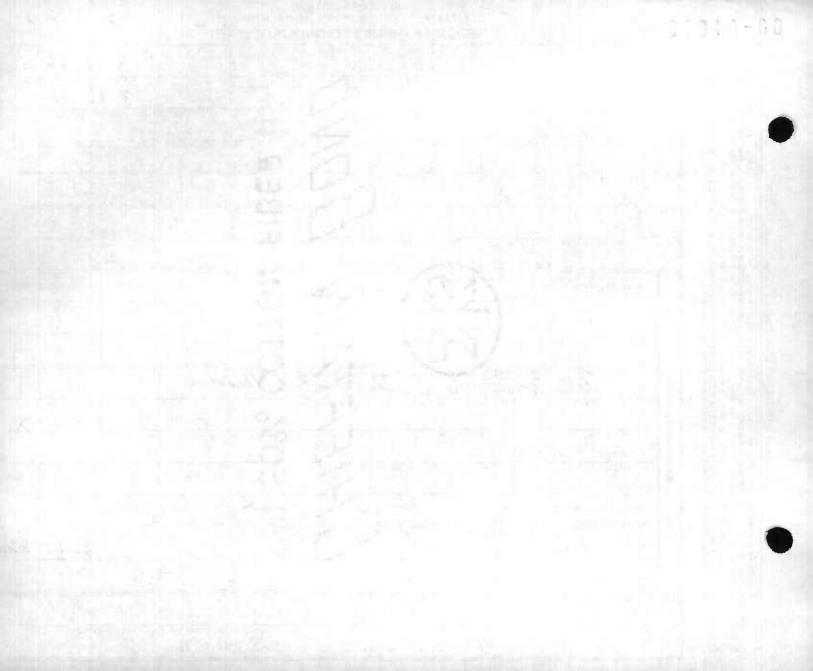
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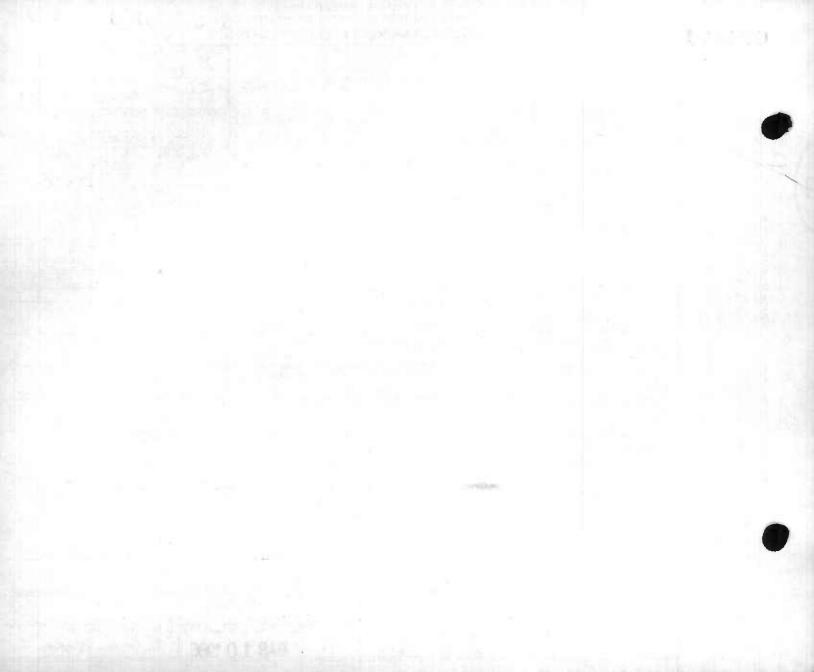
00-01	549	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 0 8 5 0 7 CERTIFICATE OF DEATH REG. NO.							
		1. DE	CEASED NAME FIRE	ST	MIDDLE		AST	20 DATE OF DEATH		YEAR 26 HOUR	
y be	poge 3		ET	HEL	Н.		.LER	March 19,		4:45a.mm.	
£ a	of po	3 SE		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS	RIYEAR IF UNDER 24 HRS DAYS HOURS MIN	
2000	recto		Female	White		Augu	ist 14, 1911	74	YRS		
£ .	22 ho	C	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY	MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		ATH	
dep	t de la		Maryland TY OR TOWN OF DEATH	U. S.	A.	WIDOWI	DR OTHER INSTITUTION	Frederick		MD. 12b. KIND OF BUSINESS OR	
1 ofter	ed kie	_		(IF NOT IN SU	(IF NOT IN SUCH FACILITY, GIVE STREE 16166 Kelbaug		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O	F WORKING LIFE) IND	INDUSTRY	
120 purs	be tile	JUSU,	hurmont, AL RESIDENCE (IF NURSING HI	OME OR OTHER INSTITUTIO				Housewife	<u> </u>	wn House	
AND 2	filled puld b	130 5	TATE 13b	rederick	Emmits	WN	YES NO X	13e STREET ADDRESS 8825A Hamp	ton Vall	ey Rd. 21727	
RYL	d 2 st	14 FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
, MA	dwo (S)		Charles	W.	Hess		Nellie			ills	
BALTIMORE	odico	16a V		.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166 SOCIAL SEC		17 INFORMANT	Emm i tsb	irg, MD 2	1727	
W 1	e u		No		220-01		Charles W. I	Miller, 1/65		ttysburg, Rd.	
BA BA	1 d d d d d d d d d d d d d d d d d d d		18 CAUSE OF DEATH (En	iter anly one cause pe AUSED BY:	er line far (a),	and ic	Cana			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
15.7	ic eve	1	IMM	EDIATE CAUSE (a)_		ung	Caucan				
PRESTON-ST	rend off, a	13	Canditians, if any, whi		DR AS A CONSEQ	UENCE OF					
PR be d	emon emoti emoti er tro		gave rise to immedia cause (a), stating t	ite)	DR AS A CONSEO	UENICE OF					
W bot	by t asservations of, cre	29	underlying cause la		DR AS A CONSEO	OENCE OF					
05, 20	signed sen ple burio ury, ai	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101								
RECORDS	int. The	CATION	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 120b. IF YE						Tally IE VES WEDE	S, WERE FINDINGS USED	
L REC	ws p	IFIC,	IN DATE OF OFERANOR	1,0.0014	STROTT OR WITH	. TO LKATIO	N WASTERI ORMED	YES NO X	IN CERTIFYING	CAUSES OF DEATH?	
/ITA	Hygie 18 sho	CERTIFI	21a. ACCIDENT WAS UNDERLYIN		OF INJURY		21c. HOW INJURY OCCUR		YES TEM 18, PART I OR		
OF CLAN	and a self		OR CONTRIBUTING CAUSE	OF DEATH	.m. month .m.	DAY YEAR					
DIVISION OF VIT	bur the	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE	100	21f. LOCATION	CITY OR TOW	'N COU	INTY STATE	
NVIS offe	ther the part of t	2	AT WORK AT WORK] (A) HOME, S	TREET, PACTORY, OFFICE	E, PARM, ETC.)	311621	ii .	H	STATE	
NON I	Use of tealth	3.7	220 I certify that (1) (this	hospital) attended the an	he deceased fram	*/	18-77 . 19	to	19	that (1) (we) last	
ATTE	a fe		saw the deceased of abave, (1) (we) (did	ve an	y after death.		nd that in (my) (aur) apinian	death accurred an the do			
o by	Dept The Her		226 SIGNATURE	2/			DEGREE ATTENDING _	MEDICAL STAF	c	c. DATE SIGNED	
IT At	Stote det		22d. PHYSICIAN'S NAME				PHYSICIAN D	MEDICAL STAF		9 Mar 86	
40 Sp	should be deto		Steven A.	0 .	0-		100 3	o, Center S		Br.	
TO F	N A A	23a B	URIAL, CREMATION, REMO	Pickert OVAL 236 DATE	7	NAME OF C	EMETERY OR CREMATORY	mont Md.	21788		
BP_		(5	Burial					CITY OR TOWN	COUNTY	STATE	
DHMH - 16 6	50M 1/75	24 FU	INERAL DIRECTOR	ICT Hal		mults!	ourg Memorial	E REC'D. BY REGISTRAR	rg Frede	MICK MID	
(VR A 15			Skiles Fune	ral Home.	Emmitsbu	ira. Mi	21727 MAK	44.1998 July	Jandon-6	5	

of Plan

STATE OF MARYLAND



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2b. HOUR DATE (TYPE OR PRINT) ESTI-KEITH ROSS ONEY DEATH MATED 3-6-86 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 3-6-86 11 06 61 :46P MALE BLACK 24 DEAD Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA DELAWARE WIDOWED DIVORCED Frederick County IL CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Frederick Memorial Hospital LABORER LANDSCAPE Frederick UAL RESIDENCE LIE IN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONA 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS FREDERICK MD 153 W.ALL SAINTS. ST. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST HARLEY ONEY GERALDINE EDWARD JACKSON С. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7 INFORMANT ADDRES Frederick, MD N/A 213-82-9462 NO Geraldine C. Oney 222 W. South St. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Shotaun wound of chest IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d.) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF YES XX NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) SHORTHAM WONTHERS YEAR UNDERLYING SOR subject shot CONTRIBUTING CAUSE OF DEATH P.M. 21L LOCATION 21d INTURY OCCURRED 21e PLACE OF INJURY FATHOME STREET, FACTORY, FARM, ETC.) AT WORK NOT WHILE Frederick, Maryland W. Alls Saints Street AT WORK HOME Autopsy X 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X Undetermined manner death resulted fram: Natural causes Accident TITLE (SPECIFY) Assistant MEDICAL EXAMINER SIGNED 3-8-86 EXAMINER'S NAME PAGE A Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL 3/10/86 Resthaven Mem. Gardens Frederick Frederick MD 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE G. Douglason Stauffer **DHMH - 17** whin Beindown Bandete (VR A15 ME (5)) 1621 Opossumtown Pike, Frederick, MD 15M 2/80



00-0039

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8

2	FOR STATE REGISTRAR		DEPARTA		FICATE OF DEATH	GIENE 8 6	U &) 3	1 0
	DECEASED NAME FIRST	No.	MIDDLE		EAST	20 DATE OF DEATH		YEAR 2b. H	OUR
	TYPE OR PRINT!	lyn	Badger	PA	XTON	March	12, 1986	1.	20PM
3	SEX	4 RACE	-augur		OF BIRTH	6 AGE IN YEARS LAST BI			DER 24 HRS
1	Female	Whit		Feb	. 27,1893 YEAR	93	YRS	DATS HOUR	MIN.
A.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY			
1	New York, N.Y.		.A.	WIDOW	ED DIVORCED	Freder	cick Count	у,	MD.
7	O CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT		CIND OF BUSI	INESS OR
4	Frederick		ome For T		ged	Librarian		2017	
K	SUAL RESIDENCE (IF NURSING HOME TO STATE		GIVE RESIDENCE BEFORE		1136 INSIDE CITY LIMITS?	13e STREET ADDRESS			7 5 50
9	37	tgomery	Chevy Ch		YES X NO	5530 Wisco		2001	5
1	FATHER'S NAME				15 MOTHER'S MAIDEN NA		MOIN AVO.	200	
N	George	Henry	Badger		Alice	WIDDLE	Uamil+c	LAST	
1	was deceased ever in u.s.		TIGO SOCIAL SECU	RITY NO.	17 INFORMANT	ADA2	Hamilto		77
V		GIVE WAR OR DATES)					31 Prices		TTELY
1	No 579-34-9034 Ann Paxton Brown, Damascus,						nascus, Mo		
	PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN IN P	FINDINGS U	SED FATH?
						YES NO	YES		
		DEATH HOUR A	DE INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR I	FART 2)	
	OR CONTRIBUTING CAUSE OF IF EITHER NOTIFY MEDICAL EXAMI 21d. IN JURY OCCURRED NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	1	21f LOCATION STREET	CITY OR TO	OWN COL	INTY	STATE
I	22a.1 certify that (1) (this ho saw the deceased alive abave, (1) (wal) (did	an mon	he declased from	- C	nd that in (my) (🔊) opinion	deoth accurred an the d	ote and hour and fro	, that (I am the causes	stated
П	226 SIGNATOR	1			DEGREE	/		DATE SIGNE	D
	Leko	47 1	any	7		DIRECTOR PHYSI		3/13/8	6
1	22d. PHYSICIAN'S NAME IV	•			22e ADDRESS				
	Leroy T	. Davis,	M.D.		801 Toll Ho	use Ave., F	rederick,	Md. 2	1701
2	30 BURIAL, CREMATION, REMOV		23c N		EMETERY OR CREMATORY	23d LOCATION	more, Mar	v	STATE
2	4 FUNERAL DIRECTOR	1.3	70 4 =			TE REC'D. BY REGISTRAR	25b. REGISTRAR'S S	IGNATURE	1
	Olin L. Mol	esworth,	F. A. ADDREDA	mascu	s, Md.	AR 1 / 1086	y was welf !	1300 V- 1/27	plate.

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT, if ham 21 is marked or hear, 18 shows gray

1:90-1 au are lilitate distribution and a secondary of the secon meltanolis bros na so rom de deficient pmilt r . H. , night of , the state of District Country of the second Complete to the bushes of Sylven

To so of 12 West 1 - 85 Thousand

. President, ... concue, ...

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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		KE O IO THIT III						REG. N	O.			
		OR PRINT	FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DA	AY YEAR	26. HOU	IR 15
	TIANE	OR PRINT)	NK	-111	HERIPE	F	PERINS	March 8	1986	6	11	1921
	3. SEX			4 RACE		5. DATE C		6 AGE (IN YEARS LAST B		ONTHS DAYS		MIN.
	F	Female		White		Apr	i1 20°, 19°67	78	YRS		1100110	WAII N.
d		RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA PRIE	NEVER MARRIED	9 BALTIMORE CITY	_			
)		faryland		U.S.A	١.	WIDOWE		Frederi	.ck Cou	nty		MD.
1	10 CITY OR TOWN OF DEATH 113. NAME OF HOSPITAL, NURSIN LIFNOT IN SUCHEACHITY, CAMESTREET Prederick Memo:					120 USUAL OCCUPAT	OF WORKING LIFE		OF BUSINE			
		ederick					nospitai	Homemake	: L		Hom	=
5	13a S	AL RESIDENCE (IF NURS TATE aryland	13b COUP Fred		GIVE RESIDENCE BEFORE	V	134 INSIDE CITY LIMITS? YES NO [13e STREET ADDRESS 303 North	ZIP CODE Market	St.,	2170	1
1	14 FA	THER'S NAME					15 MOTHER'S MAIDEN NA		MIXILE			
		John		MIDDLE	Burke		Ann	WIDDLE		Unkn	own	
				166 SOCIAL SECUE	RITY NO.	17 INFORMATINI E	. Perkinspor	503 Nor	th Ma	rket	St.	
(YES, NO OR UNKNOWN) I IF YES, GIVE WAR OR DATES) 2:			214-16-0	590 Frederick, Md. 21701								
		18 CAUSE OF DEAT	H (Enter or	ily one couse per	line for (a), (b), and	Vic 1	1-			APPRO BETWEEN	XIMATE INTER	RVAL
		PART I. DEATH W		D BY: TE CAUSE (a)	card	iac	anest			5	mi	n
				DUE TO CH	NAS MEGNSEOLIE	NCE OF A	-1-110	000		1	1	
		Canditions, if ony, which as a gashoenlesteral bledeng						60	Kou	23,		
	0	gave rise to immediate cause (a), stating the DUFTO OR AS ACONSEQUENCE OF										
		underlying cause last.										
	,	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	흔	anlie	A	centre	s. Carca	inom	a of keing	paror	larus	hs,		
7	CERTIFICATION	190 DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		, WERE FIND (ING CAUSE		
	E			3 411 71115 0	5 15 17 17 17 17		Tal Holy Bulley occurs	YES NOW	YES		NO [
7		OR CONTRIBUTING	l-m	110110 4	M. MONTH DA	Y YEAR	21¢ HOW INJURY OCCURE	CED (ENTER NATURE OF INJ	JRY IN ITEM 18 PA	(RT 1 OR PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDI				19	211 LOCATION					
	MED	216 INJURY OCCURE		21e PLACE (OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	STREET	CITY OR TO	NWC	COUNTY	5	STATE
		AT WORK AT WO	RK .				199	Fre	Tent			
		22a.1 certify that (1) saw the decease		9/ (/	975	6 01	nd that in (my) (apinion o	death accurred on the c	ate and have	and from the	, that (1) (1 e causes sti	last ated
	100	The SICKLATURE			after death.		not pre			Tra DAT	SIGNED	
		In P	ave	T4),	2	20	ATTENDING	MEDICAL STA	FF	7/	0/0	1
1		THE PHYSICIAN'S NA	WIE THE	STREET,	oves	111	PHYSICIAN LE	DIRECTOR PHYSI	LIAN	14	18	0_
		Dr. LeR	oy T.	Davis	MD			louse Ave.,	Freder	cick,	Md. 2	1701
	22 0	LIDIAL CREALATIONS	221121111	T-01	Tan N	1115 05 6	CLIEFFOU OR COLL STORY	Vestioni				

March 11,1986 Resthaven Mem. Gardens Frederick, Frederick, Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: H

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24 FUNERAL DIRECTOSmith, Keeney & Basford Funeral Home

106 Hast Church St., Frederick, Md. 21701

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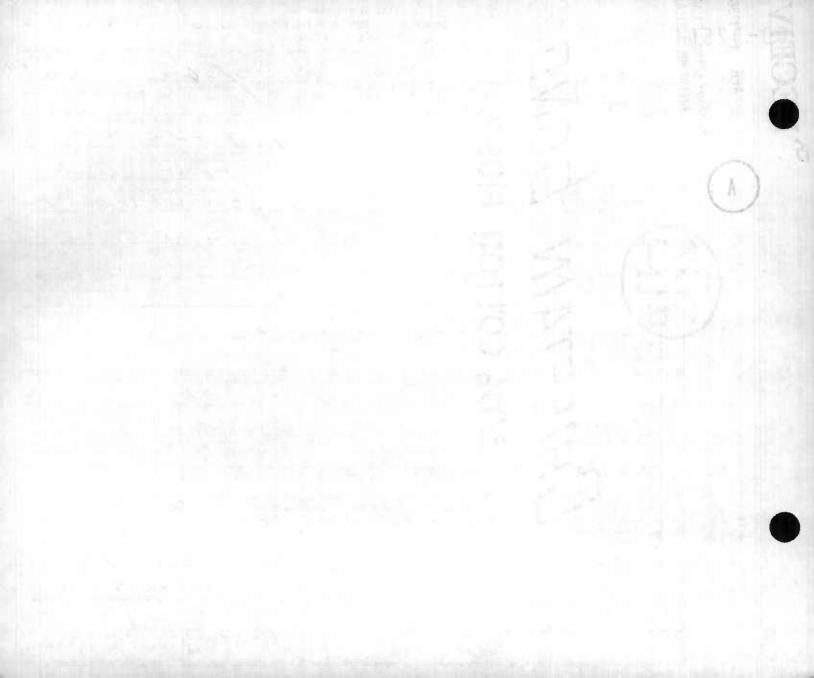
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071170	1-	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE & O	08513
Dog Pe		CEASED NAME FIRST HARRY	Columbus	Proctor	20. DATE OF DEATH	3 6 86 1135 Am
75 ag 4 ag	3. SE:	Male	Black.	5 DATE OF BIRTH MONTH DAY YEAR		6 YRS
	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR USA	MARRIED NEVER MARRIED	FREDERI	National Contract of the Contr
2		TY OR TOWN OF DEATH REDERICK	IT. NAME OF HOSPITAL, NUR. (IF NOT IN SUCH FACILITY, GIVE STR FREDERICK OTHER INSTITUTION, GIVE RESIDENCE BEF	SING HOME OR OTHER INSTITUTION BENORIAL HOSPIT	AL LABORER	
35		TATE TO FREL	DERICK ADAMS 7	OWN 13d INSIDE CITY LIMIT OWN YES NO D	5105 Dou	
100	/	GARFIELD	PROC MED FORCES? 166 SOCIAL SE	TOR HARRIE	77	OFFUTT ESST 1 . 1 M D
drimos		(IF YES, GIV	A 215-07	7-3653 William	Proctor 47	ESSF rederick, MD 22 Carrollton Dr. BETTWEEN ONSET AND DE AIM
d ST., 8A certificating physic removalic event, ic event,		PART I. DEATH WAS CAUSE	re Cause (0) Longe:	stive heart fa	ilure	3 days
I W. PRESTON ST hot the death cert- by the offending F sse remove carbon J, cremation. or rem other troumatic ev		Conditions, if any, which gove rise to immediate cause tot, stating the underlying cause last	DUE TO, OR AS A CONSECT (b) MUDCO DUE TO, OR AS A CONSECT (c)	ardial infarcti	on	6 days
L RECORDS, 200 in.	CERTIFICATION		eding, alcoholi	O DEATH BUT NOT RELATED TO THE C REPORT HIS SCUL CH OPERATION WAS PERFORMED	1	
DIVISION OF VITAL NG PHYSICIAN. The ortending physicio. Water this certificate hos the buriol-tronsit th and Mental Hygie. orkedor frem 18 sho	MEDICAL CERT	718. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER TID. INJURY OCCURRED	HOUR A.M. MONTH	DAY YEAR 19 211. LOCATION	CURRED (ENTER NATURE OF INJU	
PATIENDING hospital or off RECTOR After red for use as the spit of Health or tem 21 is market		AT WORK	tal) attended the deceased from	211786 , 19 86 , and that in (my) (aur) api	, to316	2 , 19 86 , that (I) (we) last late and haur and from the causes stated.
TO HOSPITAL O retoined by the TO FUNERAL DI should be detroit with the Store De IMPORTANT. IF H		Kathleen (Rathleen W Kathleen W	W Stern M.S. Stern M.	77e ADDRESS	DIRECTOR PHYSIC	wick, Md. 21716
Bb————	B	BURIAL, CREMATION, REMOVAL	3/8/86 F	airview Cemete	ry Frederic	ck Frederick MD
DHMH - 16 60M 7/84 (VRA 15, 4)		INERAL DIRECTOR G. DO 621 Opossumto	own Pike, Fre	er lederick, MD	MAR 1 0 1986	Julia dan Jandalle.

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106 East Church St., Frederick, Maryland 21701

(VRA 15, 4)

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THE AT SENIE OF COS COMMON, LOOP BIRTH OF STREET

. Mr. 1916 . . . March desergery 12. of Hooks, Traderick, Mr. Locard Church it. Acoderioh, Incolonal Clivia William Colon

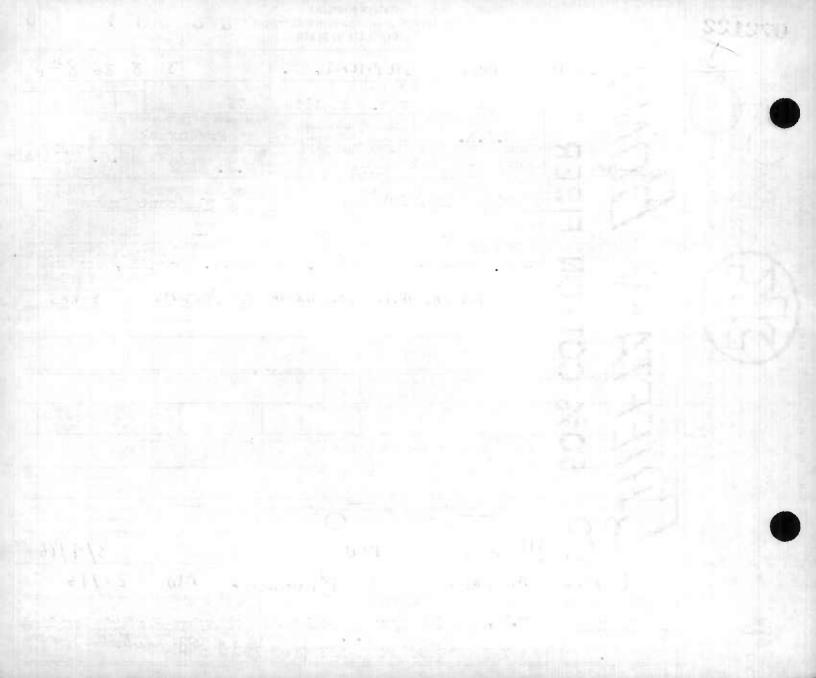
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR A. FNDING PHYSICIAN. The low sequires that the death certificate be executed within 24 hours offer death. Place 4 may be
retained by the haspital ar attending physician.
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending the conditional part of the funeral director page 3 should be detached for use or the buriefulchnosity permit. Then please remove conditional part of the other or the plant of
JMPORTANT: If Hem 21 is marked or Hem 28 share only injury, ar other troumain event. The medical expansion notified an order.

(VRA 15, 4)

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3	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	0	8 5	1 7	
		EASED NAME	FIRST	_	altoit altoit	,	Sm, 76	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR	
	GEOTG 8 3 SEX Male			4 RACE S. DATE OF				6. AGE (IN YEARS LAST BIRT		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
5		RTHPLACE (STATE OR FO	REIGN 7b	U.S.	WHAT COUNTRY?	0	DEVER MARRIED	BALTIMORE CITY OF Frederic	MD.			
7	10 CI	ry or town of deat Frederick	н 11	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION LIF HOT INSUCHEACHITY, GIVE STREET ADDRESS! Frederick Memorial Hospital Chipper Freder						INDUSTRY	on & Stee:	
5	USU/ 13a. S 1/12	L RESIDENCE (IF NURSIN TATE Tyland	HIEDE	rick	GIVE RESIDENCE BEFORE 13. CITY OR TOW JEFFERS	N	13d INSIDE CITY LIMITS?	3885 Jeffe	ZIP CODE	Pike 2	21755	
0	14 FA	THER'S NAME George		lenry	Smith		IS MOTHER'S MAIDEN NAM	MIDDLE		amsbur		
1	16a V	AS DECEASED EVER II	U.S. ARME	D FORCES?	218-34-39		Jefferso	lda Smith ^{DD} 35 on, Md. 2175		fferso	n Pike	
ijury, ar other troumat	NO	Conditions, if ony, gove rise to immecouse (0), storing underlying couse	the lost	DUE TO, C	OR AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	inal disease or coni	DITION GIVEI	N IN PART 110		
ony ir	CERTIFICATION	19s DATE OF OPERAT	ON	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	106 AUTOPSYT 106 IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA				
ed or Item 38 sh	MEDICAL CERT	214. ACCIDENT WAS UNDER OR CONTRIBUTING CO. 19 EUHRE NOTHY MEDIC 714. INJURY OCCURRI	ED	PLACE	DE INJURY M. MONTH DA M. OF INJURY REFT FACTORS OFFICE F	19	211 LOCATION	Circles to		COUNTY COUNTY	STATE.	
: If Rem Z1 is more		272. I certify that (1 (shir total of the deceased from 3 19 to 3 to 5										
	23a E	22d. PHYSICIAN SAVA. LOYD URIAL, CREMATION, F	HAL	RINT) 236. DATE	236.1	NAME OF C	ADDRESS // // // // // // // // // // // // /	ing a	1	Juds	rel.	
-		Burial (ichas	17 200	at the second		ran Cemetery	Jeffersor				
N 7/84	1	06 Tast Ch	irch S	t. Fr	ederick.	Md.	21701 MA	K271986	have and	Japan .	James .	

72122	1.	STATE REGISTRAR		MENT OF HEA	F MARYLAND LTH AND MENTAL HYG ATE OF DEATH	IENE 8 6	0	8 3	18
1/2/1		CARRINII LOUIS	S PACE	STEPP	TENS, SR.	20. DATE OF DEATH	3 8	86	8 - PM
1	3. 5E		4 RACE	5. DATE OF E		6. AGE (IN YEARS LAST BIRT		NDER TYEAR	IF UNDER 24 HRS
G G		Male	White	Oct.	2 19 10	75	YRS.		MIN.
1 140	I	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED [P BALTIMORE CITY OF Frede		DEATH	MD.
11140	Fi	rederick	(IF NOT IN SUCH FACILITY, GIVE STREET 6020 Pleasan	t Driv		12a USUAL OCCUPATION OF OF WORK FOR MOST OF ARM	Jouse Militar Service		
The 24 has 24 ha	130. S Ma	AL RESIDENCE IN NURSING HOME OF THE TABLE TO THE TENTH TO THE TENTH TO THE TENTH THE T	21 Drive	701					
mplete and 2		eed							
on ond co			MED FORCES? 166. SOCIAL SECU VE WAR OR DATES) LI-KOr. 217-34-		ouis P. Step	ohens Jr. Kr	10 Sou	e, Mar	ntain Rd yland
equires that the death certificat signed by the attending physis Then please remove carbon pape to buriol, cremotion, or removal niury, or other troumotic event, t	NO	Conditions, if any, which gove rise to immediate couse (0), stating the underlying couse lost.	DBY: TE CAUSE (0) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF	CAR CINOMA				enrs
to the local part of the local	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	NAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO			
SICIAN, T ng physic certificate middhow mental fing	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR	Ic. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	ORPART 2)	
otherdi other this to and A refer or	MED	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE F	FARM ETC)	H LOCATION STREET	CITY OR TOW	VN.	COUNTY	STATE
ATTENDIO cophdi or ECTOR, A d for use r of healt m 21 is mo	Ŋ	saw the letter of live on	ital) attended the deceased from		hat in (my) (aur) apinian d	, to an the do	te and hour on	d Irom the c	
ERAL DIR State Dep		22d PHYSICIAN'S NAME (TYPE O	F AN	3/	9/86				
10 HOSP stained 10 FUN should to with the		MAINE	Arlomer		.5.1-	~ (0.	2171	16
BP	-{	URIAL, CREMATION, REMOVAL SPECIFY) BURTAT. JNERAL DIRECTOR		esbury	Methodist Ce	23d LOCATION CITY OF TOWN Abingdor	n Harf	ord N	Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)			MAS III FUNERA	AL HOM	E ABINGDON	MARYLAND	19094	avidon	Mandalis



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

'		REGISTRAR				CEITTI	TEATE OF BEATH		REG. NO	D				
			IRST		MIDDLE	t.	AST	20 DATE	OF DEATH	HTHOM	DAY YEAR	2b HOUI	R	
1	TYPE	OR PRINTI, HARR	IF T	- 4	oretta	5	CWART		3/18	19	986	1030	100	
3	SEX		12/	4. RACE		5 DATE C	E BIRTH	6. AGE	IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER	24 HRS	
1	JEA					MONTH	t. 20, 1914				MONTHS DAYS	HOURS	MIN.	
		Female		White		Seb	t. 20, 1914	7.	-	YRS				
70		OUNTRY)	EIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTI	MORE CITY O	-				
		aryland		U.S.	A.	WIDOWE	10		Frede	rick	County		MD.	
/ 10	CII	TY OR TOWN OF DEATH	1	11. NAME OF	HOSPITAL, NURSIN	G HOME C	R OTHER INSTITUTION		AL OCCUPATION		12h KIND	126 KIND OF BUSINESS OR		
in the	Fı	rederick		Frede	rick Memo	ria1	Hospital	Se	1f-Emp1	oyed	INDUSTRY GTO	cer		
a ilu	SUA	L RESIDENCE (IF NURSING	HOME OF	OTHER INSTITUTION										
13			COUN	erick	Frederic		13d INSIDE CITY LIMITS?	13e STRE	38 Bast	ZIP COD	DE 21	701		
+		,	TEC	ETTCK	Fiedelic	K	YES NO		JO Mast	SEL	CC 6 27	101		
119	FA	THER'S NAME FIRST		MIDDLE	LAST		FIRST		MIDDLE			ST		
		S.	J	oseph	Zimmerma	n	I	loren	ce		MacD	onald		
16		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECUI				Zimmerm					
	1.1	No	Non		214-10-4	886	320 East Th	nird S	t., Fre	deri	ck, Md.	2170	1	
F	\neg	18 CAUSE OF DEATH	Enter or	ly one couse per	line for (o). (b), one	(c-1			-		APPRO	XIMATE INTER	VAL	
П		PART I. DEATH WAS	LEED			hav								
П	ı	IMMEDIATE CAUSE (a) NASSIVE GASTROINTESTI NAC BLEET) 3 hours.												
				DUE TO, O	r as a conseque	NCE OF					- 4-1-			
1		Conditions, if ony, w		(b)_										
L		couse (o), stating the DUETO, OR AS A CONSEQUENCE OF												
ı		underlying couse lost (c)												
ı		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110												
L	CERTIFICATION	- HYPERTENSION.												
13	₹	190 DATE OF OPERATIO	N	19b. COND	ITION FOR WHICH	OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FINDINGS USE)		
П	Ĭ								YES NO YES NO NO NO					
Е	W	71a ACCIDENT WAS UNDER	YING [1 21b. TIME O	F INJURY		21c. HOW INJURY OCC					,,,,		
		OR CONTRIBUTING CAU	-	HOUR A.	M. MONTH DA	Y YEAR		12.416						
	2	(IF EITHER NOTIFY MEDICAL			M.	19	211 LOCATION							
	MEDICAL	21d. INJURY OCCURRED		21e PLACE	OF INJURY REET FACTORY, OFFICE FA	211 LOCATION E FARM EIC.) STREET CITY OR TOWN COUNTY STATE							BTATE	
1		WHILE AT WORK												
		220.1 certify that (I) (th	is hosp	tol) ottended th	e deceased from_	03-1	19_80	6, to	03 -1	8	1986	, that (1) (w	ve) lost	
		obove, (f) (we) did	Wine to	V3/-1	0 19 d	. or	d that in (my) (our) opinio	on death occ	urred on the do	te and ho	out and from the	e couses sto	ted	
		22h SIGNATURE A	Laid No	L L L	SHE DOGIN		DEGREE				22c DAT	ESIGNED		
		de	0 6	M			1. D. ATTENDING	MEDIC	AL STAF	F		18-84		
1	10	22d, PHYSICIAN'S NAM	FITURE	10 ODINT)			PHYSICIAN	DIRECT	OR PHYSIC	IAN []		0 0		
			, ,					w.	N. C. IV	27 F	Percity	ton.	111	
L		JULIOT	16	POCAC			516 TR	Phil	HUE /	1601	TCICI CY	120	7170	
2	3a B	URIAL, CREMATION, RE	MOVAL				EMETERY OR CREMATOR		OCATION	-	- COLATIN		- 36	
	(:	Crematio	n	March	18, 1980	Smith	sburg Crema	tory S	mithsbu	rg,	Washibg	ton,	Mid.	
2	4. FU	NERAL DIRECTOSM1	th,	Keeney	& Basford	Fune	ral Home 250 D	ATE REC'D.	BY REGISTRAR	25b. REGIS	STRAR'S SIGNA	TURE		
		106 East Ch	urcl	St. F	rederick.	Md.	21701 AAD	0040	00 60	Kain	1 Pand	ماله	4	
			~~~				MAR	2.019	HOD YUM	A Proper !!	Office and a second		5	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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IMPORTANT: If Item 21 is

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FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CERTIF	ICATE OF DI	AIH	REG.	NO.		
TYPE OF PRINT	FIRST		WIDDLE		AST		20 DATE OF DEATH		DAY YEAR	26 HOUR
	ELIZA	BETH	JANE	SUM	IAN		March 12	, 198	6	8:50 a
Female		RACE Cauc	asian	S. DATE C	ch 15,	1907	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
BIRTHPLACE ISTAT	E OR FOREIGN	U.S.	what country? A.	8 MARRIEI WIDOWE	D X NEVER M	ARRIED D	9 BALTIMORE CITY Frederic		1986  1986  1986  1986  1986  1986  1986  1986  1986  1986  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988  1988	M
Frederi			HOSPITAL, NURSING HEACHITY GIVE STREET OF MEN				120 USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. GOV			
JSUAL RESIDENCE (IF 30. STATE Marylan	136 COUN		13c CITY OR TOW Freder		138 INSIDE CIT	Y LIMITS?	259 Dill	Aven	ue/21701	
FATHER'S NAME FIRST		ndolph	Grove	2	15 MOTHER'S	IRST	MIDDLE		Dot	У
WAS DECEASED E		MED FORCES? WAR OR DATES)	214-10-4		Mr. Ha					
	toting the ouse lost.	(c)_	r as a conseque		NOT RELATED	O THE TERM	INAL DISEASE OR CO	DITION G	GIVEN IN PART 31	0
190 DATE OF OP	ERATION	190 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	IN CER	TIFYING CAUSES	
00.00.0000000000000	CAUSE OF DEAT	n .	DE INJURY M. MONTH DA M.	216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2)						
(IF EITHER NOTIFY  216 INJURY OCC  WHILE AT WORK	CURRED OT WHILE	21e PLACE (AT HOME ST	OF INJURY REET FACTORY, OFFICE F	ARM ETC )	21f LOCATIO	×	CITY OR	IOWN	COUNTY	STATE
saw the de- above, (1) (v	ceased plive on _ ve) (did) (did not	2 -	ne deceased from 19	\$ 6. or	nd that in (my) (	ur) opinion o	eoth occurred on the	dote and he	N	that (I) (we) los couses stated
226. SIGNAT <del>OR</del> E	By	RD	raite	~	PI CAN	TENDING HYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF SICIAN [	22c DATE	SIGNED
Res R.	Martin	. MD			220 N		et Street	Fred	erick, M	1d. 2170

230 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

MPORTANT: If them 21 is

1201 N. Market St. Frederick. Md.

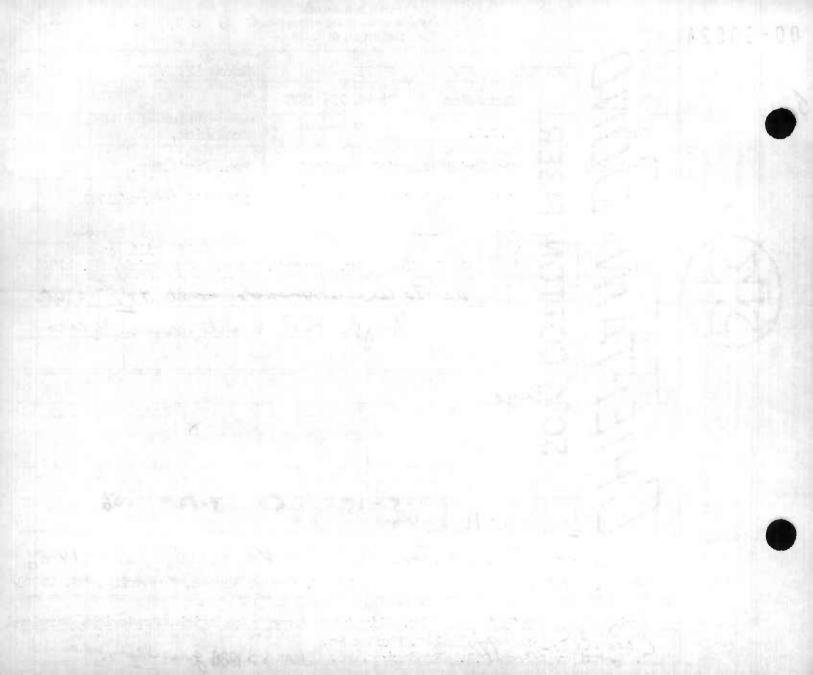
736 DATE

3/15/86

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

ATORY 236 LOCATION
CITY OF TOWN

CETY Frederick, Frederick, Maryland
256. Date REC'D. By REGISTRAR 256. REGISTRAR'S SIGNATURE Mt. Olivet Cemetery gura Davidson Handale



MPORTAN d b DHMH - 16 60M 7/84 (VRA 15. 4)

March 13, 1986 Mt. Olivet Cemetery mith, Reeney and Basford Tuneral Home 106 East Church St., Frederick, Md. 21707

23c. NAME OF CEMETERY OR CREMATORY

Dr. Rex R. Martin, M.D.

230. SURIAL, CREMATION, REMOVAL 236 DATE

Frederick, Frederick. 250. DATE REC'D. BY REGISTRAR STAR REGISTRAR'S SIGNATURE

220 North Market St., Frederick, Md. 21701

25 HOUR

Retail sales

Lizar

COUNTY

22¢ DATE SIGNED

8:00

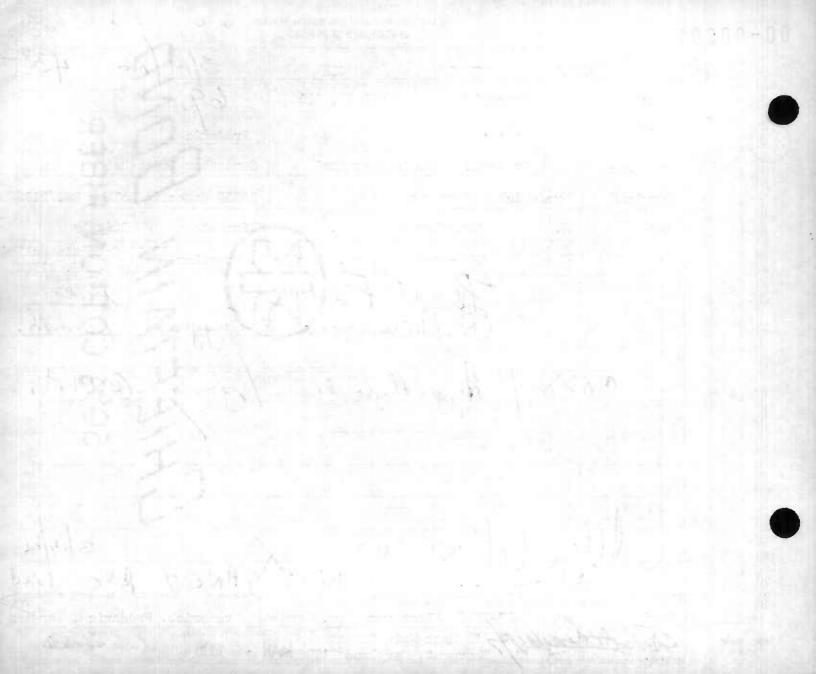
IF UNDER 24 HRS

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IMPORTANT: If hem 21 is marked or from 18

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6

8

		REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO.					
1		CEASED NAME	FIRST		MIDOLE	- 1	AST	20. DATE OF DEATH	MONTH	DAY / YEAR	2b. HOUR			
	(1112	L	pla	K	lice	W	achter		3/	2/86	2:450	M		
	3 SEX			4 RACE		S. DATE C		6 AGE (IN YEARS LAST	BIRTHOAY)	MONTHS DAYS	IF UNDER 24 HRS	1		
4		'emale		White		Nov.	17, 1908 YEAR	77	YRS					
-	C.	RTHPLACE (STATE OF F	OREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY						
		laryland			J.S.A.	WIDOWE	DIVORCED							
Z		TY OR TOWN OF DEA	TH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS			OF BUSINESS O	R		
		rederick			rick Memor		Hospital	Nurse		Hospita	l nursi	.ng		
	430 S		136 COUN	ITY	13c CITY OR TOW	N	136 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE						
2	_	ryland	Free	derick	Frederic	ck	YES A NO	13 West 1	2th St	reet, 2	1701			
/	14. FA	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	MIDDLE		LA	ST			
9		Jeremia		D.	Rice		Alta	G.		lmer				
		VAS DECEASED EVER	(IF YES GIV	E WAR OR DATES)	166 SOCIAL SECU		17 INFORMANT	F.	ast 8t	h Stree	t Ct. A	pt		
5		No	No	ne	213-60-7	846	Merhl Allen V		Freder		21701			
2		18 CAUSE OF DEATH	H (Enter on	ly one cause per	line for (a), (b), one	d IC				BETWEEN	ONSET AND DEATH	4		
	5			E CAUSE (a)	1-5	DIL	acory.	B1 11 25	1-			_		
À	16			DUE TO, O	R AS A CONSEQUE	NCE OF								
i	- 3	Canditions, if any, gave rise to imp		(b)_	EXCT	931	ve Colo	en ( 3)				_		
		cause (a), statin underlying cause	g the	DUE TO, OI	R AS A CONSEQUE	NCE OF								
				(c)						1		=		
	Z	PART Z OTHER SIGN	NIFICANT (	ONDITIONS CC	DATKIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CC	NUTTION G	IVEN IN PART II	a			
	CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	ITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF Y	ES, WERE FINDI	NGS USED	-		
	IFIC	11/24/0	21	6	owel.	coloc		YES TO NOT	OF DEATH?					
	ERT	210 ACCIDENT WAS UND	DERLYING T	216 TIME O	F INJURY		21c HOW INJURY OCCURE		7	PART 1 OR PART 2)	110			
		OR CONTRIBUTING		4117	M. MONTH DA	AY YEAR								
1	MEDICAL	21d. INJURY OCCURE		21e PLACE	OF INJURY		211 LOCATION					-		
	ME	WHILE NOT WH	THE	(AT HOME STR	REET FACTORY OFFICE F	ARM, ETC )	STREET	CITY OR	TOWN	COUNTY	STATE			
		22a I certify that (1)		tal) attended the	e deceased fram_	1/	1983	10 3/	>	19 36	tha (Ti )we) la	ist		
		saw the decease above (f) (we) (o		Alle /	1	3G_ ar	nd that in my (aur) apinian	death accurred on the	date and ho					
		I'm SUGNITURE	1011010110	w view the body	affer deoffi.		DEGREE	TOWN TO SE		22c DATE	SIGNED	_		
		1-		500			ATTENDING	MEDICAL ST	AFF SICIAN []	3/	3/91			
7		22d. PHYSICIAN'S NA	ME (TYPE C	R PRINT)			22e. ADDRESS			- 19	1/ 8/5			
		Dr. P. Gr	regor	y Rausch	1, M.D.		4 West Seven	nth St., F	rederi	ck, Md.	21701			
	23o. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION				=		
	(5	Burial	2.	Mar 5,	1986 Mt.	011	vet Cemetery	Frederi	ck, Fr	ederick	. Md.			
	24 FU	Smith, Kee	when	accord	Dasfo	24	25a DAT	E REC'D. BY REGISTRA	AR 256 REGIS	TRAR O SIGNA	RE A			
		106 East C	hurch	St. F	rederick.	Md.	21701 MAR 06	1980 gul	a Davids	- deline	3			

DHMH - 16 60M 7/84 (VRA 15, 4)

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The state of the s

Charles W. Burrier, Jr., Sykesville, Md. MAR

- STATE

DHMH-16 30M 2/80

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

the state of the s The sector seal of the seal of 21 1-0 - 12 in out 1 1 2 2 2 1 3 

0 - 0 (	730	1-	FOR STATE REGISTRAR			DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	FIENE & O	0	8 3	2 5	
7 99 89	deoth		CEASED NAME OR PRINT)	Albe	rta	R.		ALSH	March 9			HOUR 1:00 a. M	
ge 4 may	s of the state of				4 RACE Whi	.te	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER ZA HOURS AM				
death Pa	35	1	RIHPLACE (STATEORF		U.	S.A.	WIDOWE	to and	Frederick County				
rs after a	Tiled with	F	rederick	11. NAME OF HOSPITAL, NURSIN 1709 Rosemont			ADDRESS)		120 USUAL OCCUPATION  TYPE OF WORK EOR MOST OF WORKING LIEE)  Homemaker  170 KIND OF BUSINESS INDUSTRY			BUSINESS OR	
n 24 hau , filled in	35	130 S Ma	at RESIDENCE (IF NURS ITATE ryland	136 COUN		13c. CITY OR TOW	N	13d INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS A		Ave.	21701	
ed with	10/2	14 FA	Samuel	Th	nomas	Moss		IS MOTHER'S MAIDEN NA GOLDIE	Middle M.		Nusz		
ecut	medical		VAS DECEASED EVER		MED FORCES? E WAR OR DATES!	220-26-		Mr. Laure	nce H. Wa Frederick	ish, I	1709 F	Rose- 21701	
B	event, the		18 CAUSE OF DEATH PART I. DEATH W		ly ane cause p D BY E C AUSE (a)_	er line far (a), (b), one	d Ic	ARREST (	Chrodudie	)	APPROXIMI BETWEEN ON	ATE INTERVAL ISET AND DEATH	
death de	ave car		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which ( 16) ARTERIOSCETERTIC CARDIO - VASCULE										
that the	ol, crema rather tr		gave rise to imm cause (a), statin underlying cause	g the	DUE TO,	or as a conseque	NCE OF		disease (Mo	SAOLE)			
requires	or to burn injury, a	NOI	Chrone	0	Conditions of	un Pula	DEATH BUT	NOT RELATED TO THE TERM	? precure	من			
The law ion.	Jiene prio	RTIFICAT	190 DATE OF OPERAT		196 CON	DITION FOR WHICH	OPERATIO		204 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES C		
SICIAN 19 physic	rial-trans	AL CE	210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	TH HOUR	OF INJURY A.M. MONTH DA P.M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART	OR PART 2)		
PHYS	and Me	MEDIC	21d INJURY OCCURE			E OF INJURY STREET, EACTORY, OEFICE, F	ARM, ETC }	211 LOCATION	CITY OR TO	)wN	COUNTY	STATE	

DEGREE

and that in (my) (act) apinian death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 DATE SIGNED

10 HARCH 8

TO FUNERAL DIRECTOR After should be detached for use as with the State Dept. of Health MPORTANT: Dr. George I. Smith, Jr.MD BOL Toll House Ave., Fred. Md. 21701 230 BURIAL, CREMATION, REMOVAL 236. DATE Burial Frederick Mar. 12, 1986 Mt. Olivet Cemetery BP. 24 FUSHA THORSeeney Basford P.A. Funeral

220.1 certify that (1) (this beaptfal) attended the deceased from

106 E. Church St., Fred. Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

LOYES . byd Jmonoson Coll x Zorming high bery her from

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106 East Church Street. Frederick

(VRA 15, 4)

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FOR

REGISTRAR

TE BIRTHPLACE STATE OF FOREIGN

O CITY OF TOWN OF DEATH

DECEASED NAME

- STATE

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CONTRACTOR OF

Je STATE

CERT

Marvland

1-SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTH

WIDOWED

Sept.

REG. NO 20 DATE OF DEATH MONTH 2b HOUR 6 AGE LIN YEARS LAST BIRTHDAY 1942 43 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick county, DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126, KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Letter Carrier Postal Service

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Frederick Memorial Hospital Frederick SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13b COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES T NO 9 Concord Drive / 21716 Maryland frederick Brunswick 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST

Ear1 Nelson Weddle Cornelius Annadora Haze1 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 9 Concord Drive (IF YES GIVE WAR OR DATES) (YES NO OR UNKNOWN) Vietnam 218-40-2892 Linda M. Weddle - Brunswick, Md. 21716 Yes

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO, OR AS A CONSEQUENCE OF EXGTUSITE Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last ce11 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG IFICATION

Utuos 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [ 21n ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2

OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM ETC.) STREET CITY OF TOWN COUNTY NOT WHILE

( on 9 220 I certify that (1) (this haspital) attended the deceased fram. 1986 bay the deceased already about the bady after death . and that in (aur) apinion death accurred an the date and haur and from the causes stated

226 SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL STAFF

224 PHYSICIAN'S NAME (TYPE OF PRINTS 22e ADDRESS

White

76 CITIZEN OF WHAT COUNTRY?

P. G. rausch, M. D. 4 West 7th St. - Frederick, Md. 21701

23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE

(SPECIFY) Burial 4/3/86 Park Heights Cem. Brunswick, Frederick, Md. 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

John T. Williams Funeral Home Brunswick, Md.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

Post with the state of the stat

1000

CERTIFICATE # 08528



	FOR
-	STATE REGISTRA
	EASED NA

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

(7.1	
1	1

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	REGISTRAR		CEKIII	FICATE OF DEATH	REG. N	0.					
	PECEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR				
1,	JOSE	PH J. WIELG	OSZ			3 13 86	6				
3. S	EX	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR						
L	Male	White		27,1900 YEAR	85 YRS.						
-	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	D NEVER MARRIED		R COUNTY OF DEATH					
1	"Märyland U	·S·A·	WIDOW		Frederic	Frederick County					
$V_{-}$	rederick	Frederick		OR OTHER INSTITUTION HOSpital	120 USUAL OCCUPATION OF CONTROL OF WORK FOR MOST CONTROL OF CONTRO	ON 126 KINI DE WORKING LIFE) INDUST ME BUIL GET	D OF BUSINESS OR RY				
I I	STATE  Maryland	ITY 13c CIT	pence before admission) y or town Airey	13d INSIDE CITY LIMITS?	13e STREET ADDRESS . 12802 Old	ZIP CODE  National E	21771 Pike				
0	FATHER'S NAME Nicholas Wielgo	MIDDLE SZ	LAST	Roselee	AME MIDDLE		LAST				
160	(YES, NO OR UNKNOWN) (1F YES, GIV		32 0399	M's Mildred	McKinney 12	SMt Airey 2 802 Old Nat	21771 Lional Pike				
CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDIA*  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	20b. IF YES, WERE FIN	IDINGS USED								
ERTIFIC	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJUR	·	131. HOW INTERVOCATI	YES NO	IN CERTIFYING CAUS	NO 🗆				
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MC		THE NOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART	2)				
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJU	RY	21f LOCATION STREET	CITY OR TO	wn COUNTY	STATE				
	22a I certify that (I) (this haspi saw the deceased alive an abave, (I) (we) (did) (did no	3-17-	10 36	nd that in (my) (our) opinion	death occurred on the do	1926	that (I) (we) last				
	22b SIGNATURE	2			MEDICAL STAN	F	TE SIGNED				
	22d PHYSICIAN'S NAME (TYPE O	J BAR	-AVAT	335 Pa	ik owen	me (red	eich MI				
230	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE				
24	Burial	March 17'8	66 Garden	of Faith	Balt	cimore Mary	land				
I	inc. A4112 old Co.	H Witzke & Lumbia Pike	Family Fu Efficott	neral Home N	IAR 14 1986	256 REGISTRAD'S SIGN	ATURE MARCON				
-											

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

Item 18 shows

IMPORTANT: If Item 21 is

	STATE OF MARYLAND
OR	DEPARTMENT OF HEALTH AND MENTAL HYGIEN
TATE	CERTIFICATE OF DEATH

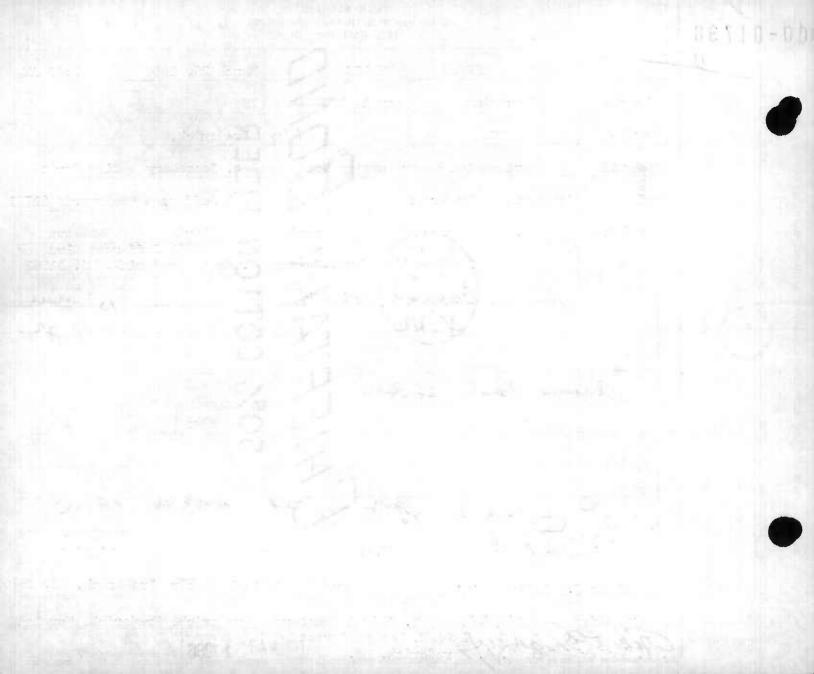
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8 1 - STATE CERTIFICATE OF DEATH										40.					
()	1 DEC	CEASED NAME	FIRST	A	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR							
4	1111	F	RANCE	S L	ENORE	WII	LIS	March 26	1986	C. 41	2:43	$AM_{\wedge}$			
	1 SEX 4 R						OF BIRTH	6 AGE IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS			
	Female Caucas			Caucasia	an	May	1, 1906	79	YRS.	NOMINS DATE	AOURS	MIN.			
5,-		RTHPLACE (STATE OR F	ORE IGN	16 CITIZEN OF	WHAT COUNTR	Y? B	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNT	Y OF DEATH		30			
0		Maryland		USA		WIDOW	DIVORCED X	Frederick,							
7	10 CI	TY OR TOWN OF DEA	TH		HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION 12b, KIND OF BUSINE							
0		rederick		Northam	pton Mar	or Nu	sing Home	Ret. Sec	retary	City	Gov't				
2		AL RESIDENCE IN NURS	136 COU	VTY	130 CITY OR TO	WN	13d INSIDE CITY LIMITS?	13a STREET ADDRES	S / ZIP COD	DE					
0		ryland	Fred	lerick	Frederi	lck	YES NO X		ferson	Bouleva	rd 2	21701			
10	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN NA	MIDDLE		LAST					
0		Robert		L.	Hammo		Fannie	01i			bert				
1		VAS DECEASED EVER		MED FORCES?	16b SOCIAL SE		17 INFORMANT		-	fferson		22			
/		No			220-26-	-5242	Mrs. Suzanne	W. Kent	Frede:						
		18 CAUSE OF DEATH	H Enter of	nly ane cause per	line far (a), (b)	pnd (c).1	1+		A LES	BETWEEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
				TE CAUSE (a)	Card	rac	Avery			15	15 min				
	DUE TO, OR AS A GONSEQUENCE OF											^			
	Conditions, if any, which (b) HSHD								710 2/2						
	cause lat, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last.														
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN													
1	z	PART 2 OTHER SIGN	VIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CO	DNDITION G	IVEN IN PART I					
	De la parte of Operation 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 1200 AUTOPSY? 1206. IF YE								ES WERE EINDIN	S, WERE FINDINGS USED					
2	Chrome Rend 190 DATE OF OPERATION 196 COND 210. ACCIDENT WAS UNDERLYING 216. TIME CO				TOTAL WILLIAM STEM STEM STATES				IN CERT	IFYING CAUSES	OF DEATH				
7	ERT	21g. ACCIDENT WAS UND	ERLYING F	7 21b. TIME O	F INJURY		21c HOW INJURY OCCUR			YES NO					
9	-	OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH										
	MEDICAL	THE EITHER NOTIFY MEDIC	_	21e PLACE		19	21f LOCATION								
	ME	WHILE NOT WH	ULE		EET, FACTORY OFFIC	E FARM, ETC }	STREET	CITYO	NWOT	COUNTY	51/	ATE			
		220 I certify that		ital) attended the	e deceased from	. Will	10 04	- 10 Male	n sta	19 86	ha (1)/w	a) lost			
		saw the decease	ed alve or	much	12 19		nd that in (my) (our) opinion								
	+	22b. SIGNATUS	did) (did no	ty view the body	ofter death.		DEGREE			22e DATE	SIGNED	_			
	- 7	M.D. ATTENDING MEDICAL STAFF PHYSICIAN STORECTOR PHYSICIAN						3/27	/86						
7	3	22d. PHYSICIAM'S NA	AME (TYPE	OR PRINT)	•		220 ADDRESS	- DIRECTOR () THE	SICIAIT L	10,					
/		Willis	T D4	ddick M	ſ.D.		Parkview Me	dical Cent	er, Fi	rederick	, Md.	217			
	23o B	URIAL, CREMATION,			23	. NAME OF C	EMETERY OR CREMATORY	23d LOCATION							
	1	Crematio	n	3/29/	86	/t 01+	ivet Cemeterv	Frederi	ck. Fr	ederick,	Mary	vland			
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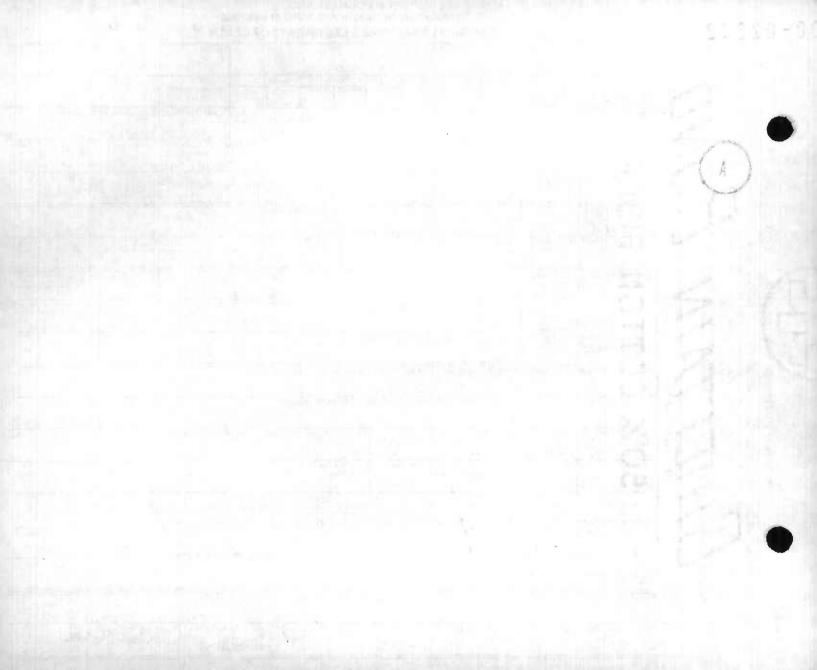
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NES	THIN FER A KNSIT KHY		Conditions, if any, which gave rise to immediate (b)													
*	OR TRANS		cause (a) stating the under- DUE TO, OR AS A CONSEQUENCE OF									_				
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DS.	NG" NG" CAL BUR HANI		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to													
DIVISION OF VITAL RECORDS.	CERTIFICATE SHOULD BE EXECUTE! TING THE WORD "PENDING" IN SED TO THE CHIEF MEDICAL EXA 25 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND M I PRIOR TO BURIAL, CREMATION,	NO	B(3)													
2	HEA A	CERTIFICATION	19a. DATE OF	OPERATION	196. CONDI	TION FOR	VHICH OPER	ATION W	AS PERFORM	MED?				20 AL	TOPSY?	
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	TO MEDICE EXECUTE PAGE 4 STO FUNE AFTER DE BALTIMO	-	EXAMINER'S	NAME NI) Gre	gory R. R	Cauffm	an. M	D.	ADDRESS	111	Penn S	+				
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